FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90064 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023483

1. Entity Name
HIDDEN VILLAGE RL, LLC

10102684

Principal Place of Business	Mailing Address
333 SOUTH KIRKWOOD SUITE 200 ST. LOUIS, MO 63122 US	333 SOUTH KIRKWOOD SUITE 200 ST. LOUIS, MO 63122 US

2. Principal Place of Business	3. Mailing Address
	% Carole Welle
Suite, Apt. #, etc.	Suite, Apt. #, etc. 333 South Kirkwood Ste 200
City & State	City & State St. Louis, MO
Zip / Country	Zip 63122 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHMAN, GARY 201 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Richard C. Lehman 333 South Kirkwood, Ste 200 St. Louis, MO 63122 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E080 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature], MGRM 5/1/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #