

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-07-2003 90047 002 ****50.00



DOCUMENT # L02000026702

1. Entity Name
HIDDEN LAKES DEVELOPMENT, LLC

Principal Place of Business Mailing Address
4315 PABLO OAKS COURT, SUITE 1 **4315 PABLO OAKS COURT, SUITE 1**
JACKSONVILLE FL 32224-9667 **JACKSONVILLE FL 32224-9667**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
86-1067327 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

KUNKEL, JOHN C
4315 PABLO OAKS COURT, SUITE 1
JACKSONVILLE FL 32224-9667

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUNKEL, JOHN C 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE FL 32224-9667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John C. Kunkel* **John C. Kunkel** **Managing Member** **4/28/03** **904/482-1100**
SIGNATURE-TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)