

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90144 021 \*\*\*\*50.00

**DOCUMENT # L02000033322**

1. Entity Name  
**HIDDEN LAGOON PARTNERS, LLC**



Principal Place of Business  
**516 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401**

Mailing Address  
**516 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401**

2. Principal Place of Business  
**2433 Thomas Drive**  
Suite, Apt. #, etc.  
**#124**

3. Mailing Address  
**2433 Thomas Drive**  
Suite, Apt. #, etc.  
**#124**



07132004 Chg-LLC CR2E083 (10/03)

City & State  
**Panama City Beach, FL**

City & State  
**Panama City Beach, FL**

4. FEI Number  
**33-1043674**

Applied For  
Not Applicable

Zip Country  
**32408 U.S.A.**

Zip Country  
**32408 U.S.A.**

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

6. Name and Address of Current Registered Agent

**SITTMAN, MARY K  
516 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name  
**Pease, Clara Y.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2433 Thomas Drive**  
**#124**  
City  
**Panama City Beach, FL** Zip Code  
**FL 32408**

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]*

**July 13, 2004**

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM SITTMAN, MARY K ☒ Delete  
STREET ADDRESS 516 BUNKERS COVE ROAD  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE NAME MGRM PEASE, CLARA Y ☐ Delete  
STREET ADDRESS 2433 THOMAS DRIVE, #124  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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]*

**July 13, 2004 (850) 832-4240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #