


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # L03000003456 1. Entity Name HIDDEN TECHNOLOGY USA, L.L.C. |  |
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|---|---|
| Principal Place of Business 1675-A PROVIDENCE BLVD DELTONA, FL 32725 US | Mailing Address 1675-A PROVIDENCE BLVD DELTONA, FL 32725 US |
|---|---|



01062005 No Chg-LLC

CR2E083 (10/03)

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| | |
|------------------------------------|--|
| 4. FEI Number 51-0445287 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**PATEL, NITESH B
1203 SHAGROCK COURT
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATEL, NITESH B PRES 1203 SHAGROCK COURT ORLANDO, FL 32828 |
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05/02/05-80090-020 50.00

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IN THIS SPACE**

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

4/26/05

Date

Daytime Phone #