

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90048 018 ****55.00

DOCUMENT # L04000000522					
1. Entity Name HIDDEN RIDGE TOWNHOMES, LLC					
Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207		
2. Principal Place of Business 1205 W. FLETCHER AVE. <small>Suite, Apt. #, etc.</small> SUITE C		3. Mailing Address 1205 W. FLETCHER AVE <small>Suite, Apt. #, etc.</small> SUITE C		20010783 	
<small>City & State</small> TAMPA, FL		<small>City & State</small> TAMPA, FL		4. FEI Number 20-1145869	
<small>Zip</small> 33612		<small>Country</small> USA		01252005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR. 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent <small>Name</small> MICHAEL J. MORINA <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1205 W. FLETCHER AVE <small>Suite, Apt. #, etc.</small> SUITE C <small>City</small> TAMPA <small>State</small> FL <small>Zip Code</small> 33612	
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 MICHAEL J. MORINA, MANAGER/PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/1/2005	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Manager Michael J. Morina 1205 W. Fletcher Ave, Suite C Tampa, FL 33612	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MICHAEL J. MORINA, MANAGER/PRESIDENT				DATE 2/1/2005 DAYTIME PHONE # (813) 215-6880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					