

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000000522**

1. Entity Name  
**HIDDEN RIDGE TOWNHOMES, LLC**



Principal Place of Business

**1205 W. FLETCHER AVE  
SUITE C  
TAMPA, FL 33612**

Mailing Address

**1205 W. FLETCHER AVE  
SUITE C  
TAMPA, FL 33612**



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1145869**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORINA, MICHAEL J  
1205 W. FLETCHER AVE  
SUITE C  
TAMPA, FL 33612**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MORINA, MICHAEL J
STREET ADDRESS	1205 W. FLETCHER AVE, SUITE C
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80031-002 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MGR*  
*[Signature]*

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

Date

Daytime Phone #

1/17/06 813-215-6880