2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013216

1. Entity Name
HIDDEN GROVE, LLC

Principal Place of Business	Mailing Address
1014 THREE NOTCH COURT ANDALUSIA, AL 36420	PO BOX 1739 ANDALUSIA, AL 36420

DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0802574	Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. COUNTY HIGHWAY 30-A, SUITE 105
SEAGROVE BEACH, FL 32459

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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	MGRM
NAME	MCCALMAN, DAVID
STREET ADDRESS	1014 THREE NOTCH COURT
CITY-ST-ZIP	ANDALUSIA, AL 36420
TITLE	MGRM
NAME	SMITH, BILL
STREET ADDRESS	7 TOWN CENTER LOOP UNIT C-14
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	SOLOMAN, DANNY
STREET ADDRESS	2020 EAST THREE NOTCH COURT
CITY-ST-ZIP	ANDALUSIA, AL 36420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 1/6/06   334-222-2418
                              date   daytime phone