

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # L04000059164

1. Entity Name  
HIDDEN GARDEN ASSISTED LIVING RESIDENCE, L.L.C.



Principal Place of Business  
4373 VENUS AVENUE  
WEST PALM BEACH, FL 33406

Mailing Address  
4373 VENUS AVENUE  
WEST PALM BEACH, FL 33406



04142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1116292

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

BOURNE, ROBERT E JR  
521 LAKE AVENUE STE. 3  
LAKE WORTH, FL

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITH, MAURICE H  
7824 SONOMA SPRINGS CIRCLE #104  
LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FRANCO, DARELYN  
931 KOKOMO KEY LANE  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000518698  
05/02/06-80021-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*Don Franco*

4/16/06

561-471-1766

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

Date

Daytime Phone #