

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060525

Entity Name: HIDDEN OAK FLAGLER, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

685 GRANDE VENETIAN BAY BLVD
NEW SYMRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

685 GRANDE VENETIAN BAY BLVD
NEW SYMRNA BEACH, FL 32168

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JERRY, JOHNSON S
685 GRAND VENETIAN BAY BLVD
NEW SMYRNA, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, JERRY S SR.
Address: 685 GRANDE VENETIAN BAY BLVD
City-St-Zip: NEW SYMRNA BEACH, FL 32168

Title: MGRM () Delete
Name: JOBALIA, DIPAK
Address: 685 GRANDE VENETIAN BAY BLVD
City-St-Zip: NEW SYMRNA BEACH, FL 32168

Title: MGRM () Delete
Name: PAYTAS, JAMES W JR.
Address: 685 GRANDE VENETIAN BAY BLVD
City-St-Zip: NEW SYMRNA BEACH, FL 32168

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIPAK JOBALIA

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date