## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 12, 2006- 08:00 AM Secretary of State

DOCUMENT # L04000071557  1. Entity Name HIDDEN PALMS, LLC				Secretary of State
3470 FRUIT	ee of Business VILLE ROAD FL 34237 US	Mailing Address 3470 FRUITVILLE ROAD SARASOTA, FL 34237	บร	1 (MB)(AB)( B)() B(B)() B(B)() B(B)() B(B)() B(B)() B(B)() (MB(B) (A)(B)() B(M)() (MB(B) (A)(B)() B(M)() (MB(B) (A)(B)() B(M)() B(B)()
E		RITE IN THIS SI	PACE	01092006 No Chg-LLC
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 S ORANGE AVENUE SARASOTA, FL 34236				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 the it applicable.  (NOTE. Registered Agent signature required when reinstaling)  DATE				
Fi D	lling Fee is \$50.00 ue by May 1, 2008		egili.	000000384858 01/17/06-80032-013 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	, MANAGIN MGRM FINERGY, LLC 3470 FRUITVILLE ROAI SARASOTA, FL 34237	G MEMBERS/MANAGERS		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		5° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS		<u></u>		

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

URE: SIGNATURE AND TYPES THE PROTESS WALL CONSIGNING MANAGEMENT HER BER, OR AUTHORIZED REPRESENTATIVE

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