

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085760

Entity Name: HIDDEN RIDGE, LLC

FILED  
Apr 09, 2008  
Secretary of State

## Current Principal Place of Business:

5623 US HIGHWAY 19  
SUITE 501  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

PO BOX 670  
PORT RICHEY, FL 34673

## New Principal Place of Business:

10220 US HIGHWAY 19  
SUITE 301  
PORT RICHEY, FL 34668

## New Mailing Address:

10220 US HIGHWAY 19  
SUITE 301  
PORT RICHEY, FL 34668

FEI Number: 56-2544148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FIEBE, CRAIG J  
5623 US HIGHWAY 19  
SUITE 201  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

FIEBE, CRAIG J  
10220 US HIGHWAY 19N  
SUITE 301  
PORT RICHEY, FL 34668 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FIEBE, CRAIG J  
Address: 5623 US HIGHWAY 19 SUITE 201  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FIEBE, CRAIG J  
Address: 10220 US HIGHWAY 19N, SUITE 301  
City-St-Zip: PORT RICHEY, FL 34668

Title: M ( ) Change (X) Addition  
Name: FIEBE, LUISA  
Address: 10220 US HIGHWAY 19N, SUITE 301  
City-St-Zip: PORT RICHEY, FL 34668

Title: M ( ) Change (X) Addition  
Name: FIEBE, JOANNE K  
Address: 10220 US HIGHWAY 19N, SUITE 301  
City-St-Zip: PORT RICHEY, FL 34668

Title: M ( ) Change (X) Addition  
Name: FIEBE, CRAIG P  
Address: 10220 US HIGHWAY 19N, SUITE 301  
City-St-Zip: PORT RICHEY, FL 34668

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: CRAIG J FIEBE

MGRM

04/09/2008

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