


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**


02-24-2006 90242 025 \*\*\*\*50.00

<b>DOCUMENT # L05000006198</b>	
1. Entity Name <b>DALLAS-HIDDEN CREEK, LLC</b>	

Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>
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2. Principal Place of Business <b>300 International Pkwy</b>	3. Mailing Address <b>300 International Pkwy</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>
City & State <b>Heathrow, Fl.</b>	City & State <b>Heathrow, Fl.</b>
Zip <b>32746</b>	Country <b>USA</b>
Zip <b>32746</b>	Country <b>USA</b>

**20010176**



01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2205235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CHRISTY, KATHERINE A ESQ 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>	7. Name and Address of New Registered Agent Name <b>Christy, Katherine A ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 International Pkwy</b> <b>Suite 300</b> City <b>Heathrow</b> FL Zip Code <b>32746</b>
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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  **Katherine A. Christy** DATE **2-20-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Christy, Katherine A 300 International Pkwy Suite 300 Heathrow, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELBY, C THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Selby, C Thomas 300 International Pkwy Suite 300 Heathrow, Fl 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Katherine A. Christy** DATE **2-20-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #