

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012234

Entity Name: HIDDEN VILLAS, LLC

FILED  
Jul 01, 2009  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 477  
JACKSONVILLE, FL 32201 US

## New Principal Place of Business:

3441 MORIER STREET  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

P.O. BOX 477  
JACKSONVILLE, FL 32201 US

## New Mailing Address:

FEI Number: 20-4602909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HEEKIN, MARK  
4540 SOUTHSIDE BLVD.  
702  
JACKSONVILLE, FL 32216 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: HEEKIN, PATRICK  
Address: 1155 NICHOLSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Delete  
Name: STRUMS, CATHERINE  
Address: 13812 TORTUSA POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: HEEKIN, T. GEOFFREY  
Address: 1INDEPENDENT DR., SUITE 2200  
City-St-Zip: JACKSONVILLE, FL 32202

## 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: T. GEOFFREY HEEKIN

MGRM

07/01/2009

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