

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012234

Entity Name: HIDDEN VILLAS, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3441 MORIER STREET  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**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 ( )

**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  
Name: HEEKIN, PATRICK  
Address: 1155 NICHOLSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

I hereby 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: PATRICK HEEKIN

MGRM

03/30/2010

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