

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012234

Entity Name: HIDDEN VILLAS, LLC

FILED  
Feb 02, 2011  
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:**

HEEKIN, T. GEOFFREY  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202 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: T. GEOFFREY HEEKIN

02/02/2011

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: 1 INDEPENDENT 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: T. GEOFFREY HEEKIN

MRGM

02/02/2011

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