

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90200 010 ****50.00

DOCUMENT # L05000037943



1. Entity Name
HIDDEN PALM VF-I, LLC

Principal Place of Business
**C/O HK COMPANIES, LLC
5079 NORTH DIXIE HIGHWAY #186
OAKLAND PARK, FL 33334**

Mailing Address
**C/O HK COMPANIES, LLC
5079 NORTH DIXIE HIGHWAY #186
OAKLAND PARK, FL 33334**

60013167



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2711189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LESTER, PAUL A
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Robert S. Forman
Street Address (P.O. Box Number is Not Acceptable)
2101 W. Commercial Blvd., Suite 2800
City
Ft. Lauderdale FL Zip Code
33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUNTER, STILL
5079 NORTH DIXIE HIGHWAY #186
OAKLAND PARK, FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KRISTOL, EVAN P.
5079 NORTH DIXIE HIGHWAY #186
OAKLAND PARK, FL 33334** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Paul A. Lester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/07

Date

954-245-3400

Daytime Phone #