

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039783

FILED  
Aug 06, 2008  
Secretary of State

Entity Name: HIDDEN COAST DEVELOPMENT, LLC

## Current Principal Place of Business:

2700-A NW 43RD ST  
GAINESVILLE, FL 32606

## New Principal Place of Business:

## Current Mailing Address:

2700-A NW 43RD ST  
GAINESVILLE, FL 32606

## New Mailing Address:

FEI Number: 20-3142139      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:

BARCIA, PAUL P SR.  
2700-A NW 43RD STREET  
GAINESVILLE, FL 32606      US

## Name and Address of New Registered Agent:

OLINGER, WILLIAM D III  
2700-A NW 43RD STREET  
GAINESVILLE, FL 32606      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: WILLIAM D. OLINGER III

08/06/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OLINGER, WILLIAM D III  
Address: 2700-A NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: OLINGER, WILLIAM D  
Address: 2700-A NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: KOSS, WILLIAM F TRUSTEE  
Address: 2700-A NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: HOLDEN, CHARLES I JR  
Address: 2772-S NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: OLINGER, CHARLES  
Address: 2700-A NW 43RD ST  
City-St-Zip: GAINESVILLE, FL 32606

## 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:

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: WILLIAM D. OLINGER III

MGRM

08/06/2008

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