
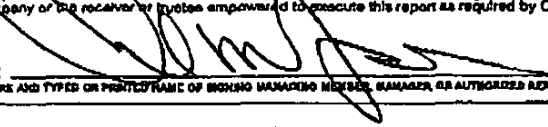


01-31-'06 16:34 FROM-

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90172 031 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000050865			
1. Entity Name HIDDEN BEACHES OF NOSARA, LLC			
Principal Place of Business 4501 TAMiami TRAIL NORTH, #419 NAPLES, FL 34103		Mailing Address 4501 TAMiami TRAIL NORTH, #419 NAPLES, FL 34103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3100399		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GROSS, MICHAEL S 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Gross, Michael S Street A 2390 Tamiami Trail North, Suite 204 Naples, FL 34103 City FL Zip Code	
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. Michael S Gross 18 January 2006 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconfirmed)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DAVID M 4501 TAMiami TRAIL NORTH, #419 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 605, Florida Statutes.			
SIGNATURE: 		1/31/06 239-649-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT

ATTACHMENT

KELLY, PASSIDOMO, ALBA & CASSNER, LLP

ATTORNEYS AT LAW
IN

THE CHAMBER BUILDING
2390 TAMiami TRAIL NORTH
SUITE 204
NAPLES, FLORIDA 34103

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Master of Laws in Taxation

CHARLES M. KELLY, JR.
Board Certified Tax Lawyer
Board Certified Wills, Trusts
and Estates Lawyer
Master of Laws in Estate Planning
Certified Public Accountant

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Board Certified Real Estate Lawyer

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TELECOPIER
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CURTIS B. CASSNER
Attorney Licensed in Florida
Certified Public Accountant
Licensed in Ohio

January 18, 2006

VIA CERTIFIED/RETURN RECEIPT MAIL 70032260000578730897

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

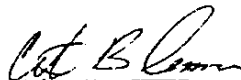
RE: HIDDEN BEACHES OF NOSARA A LIMITED LIABILITY COMPANY
2006 ANNUAL REPORT

Dear Sir/Madam:

Enclosed please find address corrections for the above named entity, document number L05000050865. Additionally, please find a check in the amount of \$50.00 for same.

Should you have any questions or need additional information, please feel free to call me.

Sincerely,



Curtis B. Cassner

CBC/aes
Enclosure

j.transmittal to client



ATTACHMENT
30001295

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

HIDDEN BEACHES OF NOSARA, LLC
4501 TAMiami TRAIL NORTH, #419
NAPLES, FL 34103

Subject: HIDDEN BEACHES OF NOSARA, LLC

Reference Number: L05000050865

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION