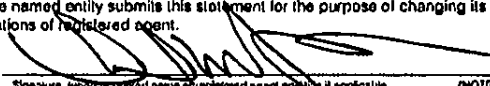
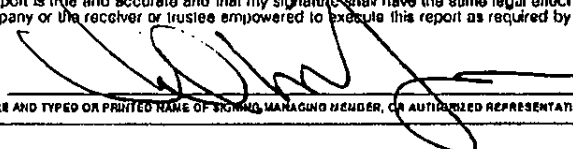


**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000050865</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                   |
| 1. Entity Name<br>HIDDEN BEACHES OF NOSARA, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                                                    |
| Principal Place of Business<br>4501 TAMiami TRAIL NORTH, #419<br>NAPLES, FL 34103                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | Mailing Address<br>4501 TAMiami TRAIL NORTH, #419<br>NAPLES, FL 34103                              |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                                    |
| 01082008 No Chg-LLC CR2E083 (12/07)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                    |
| 4. FEI Number<br>20-3100399                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | Applied For<br>Not Applicable                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br>PASSIDOMO, KATHLEEN C<br>2390 TAMiami TR NORTH<br>SUITE 204<br>NAPLES, FL 34103                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                              |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                             |                                                                             | DATE<br>Jan 9, 2008<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                    |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>JONES, DAVID M<br>4501 TAMiami TRAIL NORTH, #419<br>NAPLES, FL 34103 | <b>DO NOT WRITE<br/>IN THIS SPACE</b><br><br>000000783306<br>01/15/08-80009-010 138.75             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                    |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                            |                                                                             | DATE<br>Jan 9, 2008<br>David M. Jones 239 649-7000<br><small>Daytime Phone #</small>               |