

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066858

FILED
Jul 06, 2006
Secretary of State

Entity Name: HIDDEN MEADOWS LLC

Current Principal Place of Business:

2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 90-0169622 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:

DEAN, CARLTON
2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

DEAN, CARLTON C JR
2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 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: CARLTON DEAN

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEAN, CARLTON
Address: 2065 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEAN, CARLTON R JR.
Address: 2065 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR () Change (X) Addition
Name: COPELAND, DAVID B
Address: PO BOX 3444
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: MGR () Change (X) Addition
Name: DEAN, WILSON
Address: 3130 RUE ROYALE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR () Change (X) Addition
Name: COPELAND, CHRIS
Address: PO BOX 3444
City-St-Zip: TALLAHASSEE, FL 32315 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLTON DEAN

MGRM

07/06/2006

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