
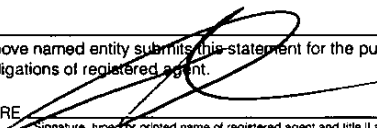
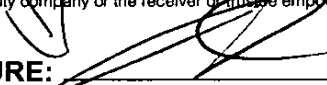


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90104 045 \*\*\*138.75

DOCUMENT # L05000078212					
1. Entity Name HIDDEN HAMMOCKS ESTATES, LLC					
Principal Place of Business 9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467			Mailing Address 9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # <b>880 NW 1st Ave</b>		3. Mailing Address <b>880 NW 1st Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>		4. FEI Number <b>20-3276600</b>	
Zip <b>33432</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33432</b>		Country <b>Palm Beach</b>		6. Name and Address of Current Registered Agent  HOWARD K. COATES, JR., P.A. 12012 SOUTH SHORE BOULEVARD STE. 107 WELLINGTON, FL 33414	
City <b>BOCA RATON</b>		State <b>FL</b>		7. Name and Address of New Registered Agent  Name <b>Michael Sarka</b> Street Address (P.O. Box Number is Not Acceptable)  <b>880 NW 1st Ave</b> City <b>BOCA RATON</b> State <b>FL</b> Zip Code <b>33432</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 				DATE <b>4/11/08</b>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARKA, MICHAEL 9240 WINDING WOODS DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARKA, Michael 880 N.W 1st Ave BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BACZEWSKI, CHRIS 455 N.E. 2D STREET BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BACZEWSKI, CHRIS 455 N.E. 2ND STREET BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, RONALD 28 CRAINESBILL DRIVE CLASTONBURY, CT 06033	<input checked="" 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
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
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 608, Florida Statutes.					
SIGNATURE: 			Date <b>4/11/08</b> Daytime Phone # <b>561-644 6517</b>		

50003080



03072008 Chg-LLC CR2E083 (12/06)