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Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90406 034 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

60012191



DOCUMENT # L05000085432		
1. Entity Name HIDDEN LAKES, LLC		
Principal Place of Business 830 BUTTERNUT COURT FRANKFORT, IL 60423 US		Mailing Address 830 BUTTERNUT COURT FRANKFORT, IL 60423 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent MICHETTI, MICHAEL L ESQ. 4933 TAMAMIAMI TRAIL N 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name James D. Dati, Esq. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North, Suite 250 City Naples FL Zip Code 34103
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 James D. Dati, Esq. DATE 02/29/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	MGRM CURRAN, ROGER A 830 BUTTERNUT COURT FRANKFORT, IL 60423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: ROGER A. CURRAN		Date 2/18/08 Daytime Phone # 312-209-8300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>