

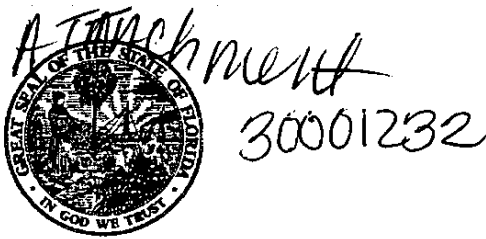


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

21

DOCUMENT # L05000092410		02-03-2006 90082 036 *****50.00	
1. Entity Name <b>HIDDEN HARBOR MARINA VENTURE, LLC</b>			
Principal Place of Business <b>18501 MULLOCK CREEK LANE FT. MYERS, FL 33908</b>		Mailing Address <b>2715 E. OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE, FL 33306</b>	
			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                  Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                  Country	
		01122006    Chg-LLC    CR2E083 (11/05)	
		4. FEI Number <b>B4-30-8855</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALOIA, FRANK J JR. 2250 FIRST STREET FT. MYERS, FL 33901</b>		7. Name and Address of New Registered Agent  Name _____  Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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.			
SIGNATURE _____		DATE _____	
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	MGRM SG INVESTMENTS, INC.	<input type="checkbox"/> Delete	
STREET ADDRESS	14021 BENTLEY CIRCLE		
CITY-ST-ZIP	FT. MYERS, FL 33912		
TITLE NAME	MGRM PINNACLE CONSTRUCTION OF FT. LAUD., INC.	<input type="checkbox"/> Delete	
STREET ADDRESS	2715 E. OAKLAND PARK BLVD., SUITE 201		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
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CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
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CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____		Date: _____ Daytime Phone: _____	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

HIDDEN HARBOR MARINA VENTURE, LLC  
2715 E. OAKLAND PARK BLVD., SUITE 201  
FT. LAUDERDALE, FL 33306

Subject: **HIDDEN HARBOR MARINA VENTURE, LLC**

Reference Number: **L05000092410**

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.

/CJ

ANNUAL REPORTS SECTION