

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121369

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: HIDDEN LAKES VILLAGE, LLC

**Current Principal Place of Business:**

35 FAIRGREEN AVENUE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

35 FAIRGREEN AVENUE  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 06-1763681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFITH, LEE  
35 FAIRGREEN AVENUE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRIFFITH, LEE B  
Address: 35 FAIRGREEN AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: GRIFFITH, KATHY  
Address: 35 FAIRGREEN AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: GONDA, ED  
Address: 35 FAIRGREEN AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRIFFITH, LEE B  
Address: 214 GOLF CLUB DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change ( ) Addition  
Name: GRIFFITH, KATHY  
Address: 214 GOLF CLUB DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change ( ) Addition  
Name: GONDA, ED  
Address: 3531 NW61ST CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify 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: ED GONDA

MGRM

03/25/2009

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