2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2008
Secretary of State

DOCUMENT# L07000013912

Entity Name: UNHIDDEN LAKE INVESTMENTS 1, LLC

Current Principal Place of Business:

4708 JENNMAR WAY
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1349
NEW PORT RICHEY, FL 34656

New Mailing Address:

2405 MANCHESTER DRIVE
CARROLLTON, TX 75006

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SPADE, WILLIAM E
4708 JENNMAR WAY
NEW PORT RICHEY, FL 34652 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: MGRM ( ) Delete
Name: SPADE, WILLIAM E
Address: 7636 ISABELLA DR., UNIT E
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete
Name: BLADE, LLC,
Address: 2777 SOUTH FINANCIAL CT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPADE, WILLIAM E
Address: 4708 JENNMAR WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM E SPADE MGRM 07/06/2008

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