

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029533

FILED
Feb 12, 2009
Secretary of State

Entity Name: HIDDEN VILLAGE DRIVE II PROPERTIES, LLC

Current Principal Place of Business:

11761 WATTLE TREE NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

1516 BARRINGTON CIRCLE
ST AUGUSTINE, FL 32092

Current Mailing Address:

1516 BARRINGTON CIR.
ST AUGUSTINE, FL 32092

New Mailing Address:

1516 BARRINGTON CIRCLE
ST AUGUSTINE, FL 32092

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TODD ATTY
7785 BAYMEADOWS WAY
STE 107
JACKSONVILLE, FL 32256 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: GLICK, JOSEPH P III
Address: 11761 WATTLE TREE NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Delete
Name: GLICK, JEAN M
Address: 11761 WATTLE TREE NORTH
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLICK, JOSEPH P III
Address: 1516 BARRINGTON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM (X) Change () Addition
Name: GLICK, JEAN M
Address: 1516 BARRINGTON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32092

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: JEAN M. GLICK

MGRM

02/12/2009

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