File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT FILED Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FEB 22 AM 8: 58 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # 194000000134** 1a. Principal Place of Business Address HIDDEN CREEK VALLEY L.C. 14962 BONAIRE CIR. RT 71 SOUTH BOX 422 FT. MYERS FL 33908 BLOUNTSTOWN FL 32424 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 03/28/1994 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3229829 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Ziρ Country 02/26/1998 SB 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BASSINE, EDWARD R 14962 BONAIRE CIRCLE Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited fiability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE HAG (Registerica Agent Accepting Approximate (INOT): fingletime Agent signification is given within remote 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BASSINE, EDWARD R 14962 BONAIRE CIR FT MYERS FL MGRM BASSINE, ANNE T 14962 BONAIRE CIR FT MYERS FL COCCC2789396:- 5 -02/26/99-01100-025 \*\*\*\*188.75 \*\*\*\*188.75 11. Lab hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information

Indicated on this annual 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 Statutos, and that my name appears in Block 10, or on an

attachment with an address.

SIGNATURE: