2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004091

1. Entity Name
HIDDEN HARBOR GROUP, L.L.C.

Principal Place of Business	Mailing Address
5121 HIDDEN HARBOR ROAD SARASOTA, FL 34242	5121 HIDDEN HARBOR ROAD SARASOTA, FL 34242

04092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933675
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMISON, JAMES E
1515 RINGLING BLVD., SUITE 900
SARASOTA, FL 34236

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000119492
04/19/04-80102-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASTERSON, SUSAN S
STREET ADDRESS	5121 HIDDEN HARBOR ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	MASTERSON, BYRON J
STREET ADDRESS	5121 HIDDEN HARBOR ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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: Byron J Masterson MGRM Director 4-14-2004 941312 7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone