

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 02, 2005 08:00 AM

Secretary of State

OK attached to SS

DOCUMENT # L99000004091

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



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

Mailing Address
**5121 HIDDEN HARBOR ROAD
SARASOTA, FL 34242**



03052005No 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000285566
04/02/05-80051-006 55.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

BYRON J MASTERSON

Date

Daytime Phone #

29 Mar 2005