## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L99000004091

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

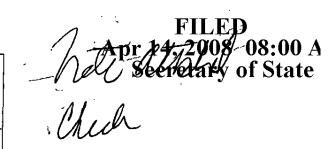


Principal Place of Business

5121 HIDDEN HARBOR ROAD SARASOTA, FL 34242

Mailing Address

5121 HIDDEN HARBOR ROAD SARASOTA, FL 34242





04102008 No Chg-LLC

5. Certificate of Status Desired

purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Byron J. Masterson M.D.

CR2E083 (12/07)

Fee Required

4. FEI Number	 Applied For
65-0933675	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

THOMISON, JAMES E 1800 2ND STREET SUITE 808 SARASOTA, FL 34236

SIGNATUR

SIGNATURE: V

The above named entity submits this statement for the the obligations of registered agent.



	Signature, lyped or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature approxyment refracting)  DATE  DATE
After.May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	Hidden Harbor Group, L.L.Q <sub>000000896087</sub> 04/24/08-80095-003 138.75
9.	MANAGING MEMBERS/MANAGERS	表现的数据是一种特别是,那么想要的现在的现在,也是那种的现在形式,是是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
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		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that mysignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the eceiver or trustee empowered to execute this report 1. Masterson M.D.		

**Managing Director** 

Hidden Harbor Group, I

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED