

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Not a State
Apr 14 2008 08:00 A
Secretary of State

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**



04102008No Chg-LLC

CR2E083 (12/07)

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
1800 2ND STREET
SUITE 808
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 changing registered agent.)

Byron J. Masterson M.D.

Managing Director

DATE

4-11-2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Hidden Harbor Group, L.L.C.

**000000836087
04/24/08-80095-003 138.75**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASTERTON, 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

**DO NOT WRITE
IN THIS SPACE**

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

Byron J. Masterson M.D.

Managing Director

Hidden Harbor Group, L.L.C.

1 April 2008

DATE

Sealing Phone

941 320 6169