

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004515

Entity Name: PRG-HIDDEN VILLAGE, L.L.C.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

2701 E LUZERNE STREET  
PHILADELPHIA, PA 19137

**New Principal Place of Business:**

**Current Mailing Address:**

2701 E LUZERNE STREET  
PHILADELPHIA, PA 19137

**New Mailing Address:**

FEI Number: 59-3591250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOODMAN, JON J  
Address: 2701 E LUZERNE STREET  
City-St-Zip: PHILADELPHIA, PA 19137

Title: MGRM ( ) Delete  
Name: BERGER, STEVEN A  
Address: 2701 E LUZERNE STREET  
City-St-Zip: PHILADELPHIA, PA 19137

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERGER, STEVEN A MGRM  
Address: 2701 E LUZERNE STREET  
City-St-Zip: PHILADELPHIA, PA 19137

Title: MGRM (X) Change ( ) Addition  
Name: GOODMAN, JON J MGRM  
Address: 2701 E LUZERNE STREET  
City-St-Zip: PHILADELPHIA, PA 19137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA LOUIS

POA

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date