


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90056 038 *****50.00

DOCUMENT # M02000000886 1. Entity Name THE GREENS AT HIDDEN CREEK, LLC					
Principal Place of Business 215 CELEBRATION PLACE STE 500 KISSIMMEE, FL 34747			Mailing Address 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054		
2. Principal Place of Business 901 Begonia Road		3. Mailing Address Suite, Apt. #, etc.			
City & State Celebration, FL		City & State		4. FEI Number 04-3628270	
Zip 34747		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARONKER, DAVID A 215 CELEBRATION PL., STE. 500 CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name Waronker, David A Street Address (P.O. Box Number is Not Acceptable) 901 Begonia Road City Celebration		
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 2/1/05		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBD DEVELOPMENT, INC. 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ Date 2/1/05 Daytime Phone # _____					