## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,

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03-07-2005 90056 038 50.00

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Mar 07, 2005 8:00 am
Secretary of State
02 07 2005 00056 029 ****50 00

DOCUMENT # M02000000886 1. Entity Name THE GREENS AT HIDDEN CREEK, LLC 20018563 Principal Place of Business Mailing Address 803 BIRCHFIELD DR. 215 CELEBRATION PLACE MT. LAUREL, NJ 08054 STE 500 KISSIMMEE, FL 34747 2. Principal Place of Business 3. Mailing Address 901 Begonia Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State 04-3628270 Not Applicable elebration \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Waren Ker, David A
Street Address (P.O. Box Number is Not Acceptable) WARONKER, DAVID A 215 CELEBRATION PL., STE. 500 CELEBRATION, FL 34747 Road Begonia elebration its registered office or registered agent, or both, in the State of Florida Lam familiar with, and accept 8. The above named entity submits this statement for the purpose of changing the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re ed Ageny signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1,-2005 Florida Department of State : MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Delete TITLE Change Addition TITLE CBD DEVELOPMENT, INC. NAME NAME STREET ADDRESS 803 BIRCHFIELD DR. STREET ADDRESS MT. LAUREL, NJ 08054 CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 executa this report as required by Chapter 608, Florida Statutes.

ER, OR AUTHOPIZED REPRESENTATIVE

Date

Daytime Phone #