


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90223 021 ***143.75

DOCUMENT # M03000000674	
1. Entity Name THE LINKS AT HIDDEN CREEK, LLC	

Principal Place of Business 1146 CELEBRATION BLVD. CELEBRATION, FL 34747 US	Mailing Address 1146 CELEBRATION BLVD. CELEBRATION, FL 34747 US
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2. Principal Place of Business - No P.O. Box # 4431 Embarcadero Drive	3. Mailing Address PO Box 33068
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State West Palm Beach, Florida	City & State Raleigh, North Carolina
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Zip 33407	Country Palm Beach	Zip 27636-3068	Country Wake
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03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3724109	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CBD REAL ESTATE INVESTMENT, LLC. 1146 CELEBRATION BLVD. CELEBRATION, FL 34747	
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7. Name and Address of New Registered Agent Name Charles L. Geer Street Address (P.O. Box Number is Not Acceptable) 4431 Embarcadero Drive City West Palm Beach FL Zip Code 33407	
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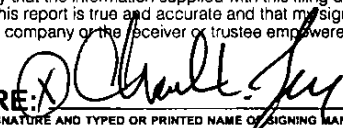
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	Charles L. Geer	3/5/08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBD, REAL ESTATE INVESTMENT, LLC. 1146 CELEBRATION BLVD. CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member KHP, Inc. 3001 Weston Parkway Cary, North Carolina 27513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 	Authorized Representative	3/5/08	919-677-2000
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