


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003579</b> 1. Entity Name TAMPA HIDDEN RIVER, LLC	
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Principal Place of Business C/O MR. RICHARD SIEGEL 1441 MAPLE FOREST DRIVE CLEARWATER, FL 33764	Mailing Address C/O MR. RICHARD SIEGEL 1441 MAPLE FOREST DRIVE CLEARWATER, FL 33764
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**DO NOT WRITE IN THIS SPACE**



07162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1532895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SIEGEL, RICHARD 1441 MAPLE FOREST DRIVE CLEARWATER, FL 33764	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE


**Filing Fee is \$50.00  
Due by September 14, 2007**

000000763665  
07/19/07-80011-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACHS, MARVIN 155 EAST 55TH STREET, SUITE 5F NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACHS, DAVID 155 EAST 55TH STREET, SUITE 5F NEW YORK, NY 10022
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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:**  **7/16/07 212-753-3232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #