# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# M05000000768

**Entity Name:** NDG HIDDEN COVE, LLC

**Current Principal Place of Business:**

227 SANDY SPRINGS PLACE, D103-184
ATLANTA, GA 30328

**New Principal Place of Business:**

3460 PRESTON RIDGE ROAD
SUITE #175
ALPHARETTA, GA 30005

**Current Mailing Address:**

227 SANDY SPRINGS PLACE, D103-184
ATLANTA, GA 30328

**New Mailing Address:**

3460 PRESTON RIDGE ROAD
SUITE #175
ALPHARETTA, GA 30005

**FEI Number: 65-1196503** **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: MGR ( ) Delete
Name: HOSKINS, ROGER G
Address: 227 SANDY SPRINGS CIRCLE, SUITE D103-184
City-St-Zip: ATLANTA, GA 30328

Title: MGR ( ) Delete
Name: HOSKINS, SANDRA L
Address: 227 SANDY SPRINGS CIRCLE, SUITE D103-184
City-St-Zip: ATLANTA, GA 30328

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT G. HOSKINS MGR 03/23/2009

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