

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005003

**Entity Name:** HIDDEN GROVE DEVELOPER, LLC

**Current Principal Place of Business:**

60 COLUMBUS CIRCLE  
NEW YORK, NY 10023

**Current Mailing Address:**

60 COLUMBUS CIRCLE  
NEW YORK, NY 10023 US

**FEI Number:** 83-3914600

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	AUTHORIZED MEMBER
Name	RELATED AFFORDABLE, LLC	Name	FULL LINE, LLC
Address	60 COLUMBUS CIRCLE	Address	60 COLUMBUS CIRCLE
City-State-Zip:	NEW YORK NY 10023	City-State-Zip:	NEW YORK NY 10023

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	WEDNESDAY HILL LLC	Name	JMP, LLC
Address	60 COLUMBUS CIRCLE	Address	60 COLUMBUS CIRCLE
City-State-Zip:	NEW YORK NY 10023	City-State-Zip:	NEW YORK NY 10023

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MJA ACQUISITIONS, LLC	Name	ADP VENTURES, LLC
Address	60 COLUMBUS CIRCLE	Address	60 COLUMBUS CIRCLE
City-State-Zip:	NEW YORK NY 10023	City-State-Zip:	NEW YORK NY 10023

Title	AUTHORIZED MEMBER
Name	HA, LONG
Address	60 COLUMBUS CIRCLE
City-State-Zip:	NEW YORK NY 10023

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER MCCOOL

**SECRETARY**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date