

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002446

Entity Name: THE LIDIA, L.L.C.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

133 140TH AVE. E. UNIT W
MADEIRA BEACH, FL 33708

New Principal Place of Business:

5320 28TH AVE. SOUTH
GULFPORT, FL 33707

Current Mailing Address:

133 140TH AVE. E. UNIT W
MADEIRA BEACH, FL 33708

New Mailing Address:

5320 28TH AVE. SOUTH
GULFPORT, FL 33707

FEI Number: 05-0620775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, JAMES M
133-140TH AVE. E #W
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

MADDEN, JAMES M
5320 28TH AVE. SOUTH
GULFPORT, FL 33707 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:

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MADDEN, JAMES M
Address: 133-140TH AVE. E #W
City-St-Zip: MADEIRA BEACH, FL 33708

Title: MGRM () Delete
Name: MADDEN, MELISSA
Address: 9476 TARA CAY
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MADDEN, JAMES M
Address: 5320 28TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: MGRM (X) Change () Addition
Name: MADDEN, SHARON K
Address: 5320 28TH AVE. SOUTH
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. MADDEN

MGRM

04/12/2006

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