


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90040 027 \*\*\*\*50.00

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| <b>DOCUMENT # L02000028244</b>   |                                 |  |  |  |  |
| <b>1. Entity Name</b><br>LIDO DEVELOPMENT LLC  |                                 |  |  |   |  |
| <b>Principal Place of Business</b><br>1100 LINTON BLVD., STE. C-9<br>DELRAY BEACH, FL 33444  |                                 |  | <b>Mailing Address</b><br>1100 LINTON BLVD., STE. C-9<br>DELRAY BEACH, FL 33444        |   |  |
| <b>2. Principal Place of Business</b>  |                                 | <b>3. Mailing Address</b><br>1000 Market Street          |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite 300  |  |   |  |
| <b>City &amp; State</b>  |                                 | Portsmouth, NH   |  |   |  |
| <b>Zip</b>   | <b>Country</b>                  | <b>Zip</b>   | <b>Country</b>   | 01102005    Chg-LLC    CR2E083 (10/03)  |  |
| 03801  |                                 | US   |  | <b>4. FEI Number</b><br>16-1634571  |  |
| <b>5. Certificate of Status Desired</b>  |                                 |  |  | <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                    |  |
| <b>6. Name and Address of Current Registered Agent</b><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |                                 |  | <b>7. Name and Address of New Registered Agent</b>                                     |   |  |
| Name   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                     |   |  |
| City   |                                 |  | FL    Zip Code   |   |  |
| <b>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.</b>   |                                 |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                                 |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |                                 | <b>Make check payable to Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                 |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>ADE, RICHARD C<br><b>STREET ADDRESS</b><br>1000 MARKET STREET<br><b>CITY-ST-ZIP</b><br>PORTSMOUTH, NH 03801  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |                                 |  |  |   |  |
| <b>SIGNATURE:</b>   |                                 |  | Richard Ade    11/10/05    (603)594-2100   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #   |                                 |  |  |   |  |