

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90355 004 \*\*\*\*50.00

<b>DOCUMENT # L03000002911</b> 1. Entity Name <b>CORE/PMG LIDO, LLC</b>					
Principal Place of Business <b>100 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236</b>			Mailing Address <b>100 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>9916 E. Harry</b> Suite, Apt. #, etc. <b>Suite 104</b> City & State <b>Wichita KS</b> Zip <b>67207</b> Country <b>US</b>		3. Mailing Address <b>9916 E. Harry</b> Suite, Apt. #, etc. <b>Suite 104</b> City & State <b>Wichita KS</b> Zip <b>67207</b> Country <b>US</b>			
4. FEI Number <b>43-2016135</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHAW, TIMOTHY S 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORE DEVELOPMENT INCORPORATED 9916 EAST HARRY, SUITE 104 WICHITA, KS 67207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PMG LIDO, LLC 130 EAST 57TH STREET, 5TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Kevin Daves</u> <b>Kevin Daves</b> 3/15/04 <b>PMG 316</b> <b>686-2290</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

DATE  
004 3-25-04  
\$50.00