


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90011 016 ****50.00

DOCUMENT # L03000002911					
1. Entity Name CORE/PMG LIDO, LLC				Principal Place of Business 9916 E. HARRY STE 104 WICHITA, KS 67207	
2. Principal Place of Business 9916 E. HARRY				Mailing Address 9916 E. HARRY STE 104 WICHITA, KS 67207	
Suite, Apt. #, etc. Suite 104				3. Mailing Address Same	
City & State Wichita, KS				City & State Wichita, KS	
Zip 67207		Country USA		04112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SHAW, TIMOTHY S 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: Kevin Daves Street Address (P.O. Box Number is Not Acceptable): 409 N. Washington Drive City: Sarasota FL Zip Code: 34236	
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: <i>[Signature]</i> DATE: 4/12/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
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	Mgr. PMG Lido, LLC SE. 17th St., 2nd Floor New York, NY 10003	<input checked="" 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	
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: <i>[Signature]</i> Kevin Daves			4/12/05		316 686-2220
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>