


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # L03000002911 1. Entity Name CORE/PMG LIDO, LLC |  |
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| | |
|---|---|
| Principal Place of Business 9916 E. HARRY STE 104 WICHITA, KS 67207 US | Mailing Address 9916 E. HARRY STE 104 WICHITA, KS 67207 US |
|---|---|



03232006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 43-2016135 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DAVES, KEVIN 409 N WASHINGTON DR SARASOTA, FL 34236 |
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IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CORE DEVELOPMENT INCORPORATED 9916 EAST HARRY, SUITE 104 WICHITA, KS 67207 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PMG LIDO, LLC SE 17TH ST 2ND FLOOR NEW YORK, NY 10003 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kevin Daves **4/11/06** **316 686-2290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #