2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State

1. Entity Nam	MENT # L03000002 Mg LIDO, LLC	2911			
Principal Plac 9916 E. HAR STE 104 WICHITA, KS		Mailing Address 9916 E. HARRY STE 104 WICHITA, KS 67207 US		 	
,				03232007 No Chg-LLC	CR2E083 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 43-2016135	Applied For Not Applicable
. ,			NA THE RESERVE OF THE PERSON O	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current EVIN SHINGTON DR TA, FL 34236	Registered Agent		DO NOT W IN THIS SE	
	named entity submits this statement for	or the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE_	Signature, typed or orinted name of registered agent	end title if sonicable (NOTF Register	ed Ågent signeture registed	when reinstabno)	DATE
	Signature typed or printed name of registered agent	and title of applicable (NOTE: Register	ed Agent aignature required	when reinstabng)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		ed Agent signature required	when reinstabing)	DATE
		ERS/MANAGERS PORATED	ed Agent agnature required	when reinstabing)	DATE
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR CORE DEVELOPMENT INCORI 9916 EAST HARRY, SUITE 104	ERS/MANAGERS PORATED	ed Agent agnature required	U	DATE 00000724861 2/07-80128-011/50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMB MGR CORE DEVELOPMENT INCORI 9916 EAST HARRY, SUITE 104 WICHITA, KS 67207 MGR PMG LIDO, LLC SE 17TH ST 2ND FLOOR	ERS/MANAGERS PORATED	ed Agent agnature required	DO NOT W	00000724861 2707-80128-011150-00
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11. I hereby certify that the information supplied with this filling 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 flability company or tips receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TO PED OR PRINTED NAME

SIGNAIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/07

Daytime Phone #