2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 24, 2006 8:00 am Secretary of State

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DOCUMENT #L03000015911 1. Entity Name AB GREEN LIDO, LLC						07-24-2006 90	078 010 ****5	0.00	
Principal Place of Business Mailing Address				<u> </u>	20042012				
40 ISLAND AVENUE MIAMI BEACH, FL 33139		Mailing Address 295 LAFAYETTE STREET SUITE 708 NEW YORK, NY 10012			In edise (in) a ciii se iik es iii ac	FRI HIJOF GIIID IFITI AAGLA	IIRI 111 1405		
2. Principal Place of Business		3. Mailing Address							
Suite, Ap1. #, etc.		Suite, Apt, #, etc.		07172006 Chg-LLC CR2E083 (11/05)					
City & Stat	18	City & State			4. FEI Numb			oplied For	
Zip Country		Zíp	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current F		sedistered Agent			7. Name and Address of New Registered Agent				
				Name					
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
	TH PINE ISLAND ROAD ION, FL 33324	Street Address ((r. O. DOX MUTHOR IS MOUNCESPEADIN)					
PLANIAII									
			City				Zip Coo		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or b	oth, in the State of Florida	a. I am familiar with,	and accept	
SIGNATURE		·-·							
	Signature, typed or printed name of registered agent at	nd utle if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE		
Fil Due l	ling Fee is \$50.00 by September 6, 2006					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	RS/MANAGERS 10.				ADDITIONS/CH	IANGES		
TITLE	MGR	☐ Delete	TITLE	Man	ager		☐ Change	Addition	
NAME	BALAZS, ANDRE T CCEO		NAME STREET ADORESS	Arm	mine Vartoughian 15 Lafayette St. Ste 708				
STREET ADDRESS	, ——— ·								
CITY-ST-ZIP	NEW YORK, NY 10012		CITY-ST-ZIP	New	York in	34 10016			
TITLE	MGR	☐ Delete	title Name				☐ Change	Addition	
NAME STREET ADDRESS				-					
		STREET ADDRESS CITY-ST-ZIP							
TITLE	MGR Defete		TITLE	 			☐ Change	Addition	
NAME	MARCUS, BARRY P SVP		NAME	1			0.2.190	۱٬۰۰۰۰۰۰۱۰ نے	
			STREET ADDRESS						
CITY-ST-ZIP	NEW YORK, NY 10012		CITY-ST-ZIP	<u>l</u>					
FITLE	MGR	Detete	TITLE				☐ Change	Addition	

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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-SI-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Detete

Delete

Delete

RAWSON, MICHAEL A SVP

HOERMANN, VANESSA VP

NEW YORK, NY 10012

NEW YORK, NY 10012

NEW YORK, NY 10012

MAHONY, MICHAEL E VP

MGR

295 LAFAYETTE STREET, SUITE 708

295 LAFAYETTE STREET, SUITE 708

295 LAFAYETTE STREET, SUITE 708

NALE STREET ADDRESS

TULE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

☐ Change

■ Addition

Addition