

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L03000015911

1. Entity Name
AB GREEN LIDO, LLC



Principal Place of Business
40 ISLAND AVENUE
MIAMI BEACH, FL 33139

Mailing Address
295 LAFAYETTE STREET
SUITE 708
NEW YORK, NY 10012



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0358641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BALAZS, ANDRE T CCEO
295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
GORAB, EUGENE A EVP
295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MARCUS, BARRY P SVP
295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MAHONY, MICHAEL E VP
295 LAFAYETTE STREET, SUITE 708
NEW YORK, NY 10012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80092-001 50.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/07 305.704.3929