

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

05-03-2004 90120 042 ****50.00

DOCUMENT # L03000022787

1. Entity Name
LIDO KEY HOLDINGS, L.L.C.



Principal Place of Business
**1343 MAIN STREET, SUITE 602
SARASOTA, FL 34236**

Mailing Address
**1343 MAIN STREET, SUITE 602
SARASOTA, FL 34236**

34008921



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

02-0682135

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANAN, BENJAMIN R
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

Name **Thomas Brown**

Street Address (P.O. Box Number is Not Acceptable)

1343 MAIN STREET Suite 602

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 **Thomas Brown President** **4/28/04**
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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **BARBARA BROWN**
STREET ADDRESS **1343 MAIN St. Suite 602**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
NAME **Thomas Brown**
STREET ADDRESS **1343 MAIN St. Suite 602**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Thomas Brown** **4/28/04** **3657337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #