2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State
04-27-2004 90018 004 ****50.00

DOCUMENT # L03000025824

1. Entity Name
LIDO PALACE, LLC

Principal Place of Business	Mailing Address
11501 N.W. 225-A REDDICK FL 32686	11501 N.W. 225-A REDDICK FL 32686

54000000

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2462276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LERMAN, ROY S
LAMBHOLM SOUTH
11501 N.W. 225-A
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, ROY S LAMHOLM SOUTH, 11501 N.W. 225-A REDDICK FL 32686	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 2/11/04 352-629-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Internal Revenue Service The Digital Daily
DEPARTMENT OF THE TREASURY

6-2-04

| Form SS-4 | |

Federal Tax ID / E

Form SS-4 (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 56-2462276

OMB No. 1545-0003

1° Legal name of entity (or individual) for whom the EIN is being requested
LIDO PALACE, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
ROY S. LERMAN

4a° Mailing address (room, apt., suite no. and street, or P.O. box)
LAMBHOLM SOUTH

5a Street address (if different) (Do not enter a P.O. box)
11501 NW 225A

4b° City, state, and ZIP code
REDDICK FL 32686

5b City, state, and ZIP code
Reddick FL 32686

6° County and state where principal business is located
County MARION State FL

7a Name of principal officer, general partner, grantor, owner, or trustor
ROY S. LERMAN

7b SSN, ITIN, EIN
108-34-0455

8a° Type of entity (check only one)

- ○ Sole Proprietor (SSN) ___
- ◉ Partnership
- ○ Corporation (enter form number to be filed) ▶ ___
- ○ Personal Service
- ○ Church or church-controlled organization
- ○ Other nonprofit organization (specify) ▶ ___
- ○ Other (specify) ▶

- ○ Estate (SSN of decedent)
- ○ Plan administrator (SSN)
- ○ Trust (SSN of grantor)
- ○ National Guard
- ○ Farmers' cooperative
- ◉ REMIC
- ◉ State/local government
- ◉ Federal government/military
- ◉ Indian tribal government/enterprise

Group Exemption No. (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: ___ Foreign country: ___

9° Reason for applying (check only one)

- ○ Started new business (specify type) ▶ ___
- ◉ Banking purpose (specify purpose) ▶ STALLION FEES - BK Acc
- ○ Changed type of organization (specify new type) ▶ ___
- ○ Purchased going business
- ○ Hired employees (Check the box and see line 12)
- ○ Created a trust (specify type) ▶ ___
- ○ Compliance with IRS withholding regulations
- ○ Created a pension plan (specify type) ▶ ___
- ○ Other (specify) ▶

10° Date business started or acquired (month, day, year) FEB 11 2004

11 Closing month of accounting year DEC

12 First date wages or annuities were paid or will be paid (month, day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) ▶ ___

13 Highest number of employees expected in the next twelve months. *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture	Household	Other
	0	0	0

14° Check box that best describes the principal activity of your business

- ○ Construction
- ○ Rental & leasing
- ○ Transportation & warehousing
- ○ Health care & social assistance
- ○ Wholesale-agent/broker
- ○ Real estate
- ○ Manufacturing
- ○ Finance & insurance
- ○ Accommodation & food service
- ○ Retail
- ○ Wholesale-other
- ◉ Other (specify) STALLION PARTNERSHIP

15° Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
STALLION SERVICE

Attachment
34008350
#L03000025824

Form SS-4 (EIN)

16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... ◉ Yes ○ No *Note if "Yes," please complete lines 16b and 16c*	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ MAX'S PAL, LLC Trade name ▶ MAX'S PAL, LLC	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year): OCT 13 2003 (est) City and state where filed: REDDICK FL Previous EIN: 56 - 2401373	
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Address and ZIP code Designee's telephone number (include area code) ( ) - Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Signature ▶ Not Required Date ▶ June 01, 2004 GMT	Applicant's telephone number (include area code) (352) 629-7060 Applicant's fax number (include area code) (352) 629-7133
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N	Form SS-4 (Rev. 12-2001)