


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90145 019 ****50.00

DOCUMENT # L03000025324 : 1. Entity Name LIDO PALACE, LLC	
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Principal Place of Business 11501 N.W. 225-A REDDICK FL 32686	Mailing Address 11501 N.W. 225-A REDDICK FL 32686
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2. Principal Place of Business 13400 NW Hwy 225 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 670 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Reddick, FL	City & State Fairfield, FL
Zip 32686	Country USA
Zip 32634	Country USA

4. FEI Number 56-2462276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LERMAN, ROY S LAMBHOLM SOUTH 41501 N.W. 225-A REDDICK FL 32686	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 13400 NW Hwy 225	
City Reddick	FL Zip Code 32686

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 	Roy S. Lerman (NOTE: Registered Agent signature required when reinstating)	DATE 7/24/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LERMAN, ROY S LAMHOLM SOUTH, 11501 N.W. 225-A REDDICK FL 32686 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Roy S. Lerman	DATE 7/24/06 DAYTIME PHONE # 352/591-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		