

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032305

Entity Name: LIDA INVESTMENTS, L.L.C.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

3 GROVE ISLE DR, UNIT 1507
MIAMI, FL 33133

New Principal Place of Business:

P.O. BOX 331717
COCONUT GROVE, FL 33233

Current Mailing Address:

3 GROVE ISLE DR, UNIT 1507
MIAMI, FL 33133

New Mailing Address:

P.O. BOX 331717
COCONUT GROVE, FL 33233

FEI Number: 56-2414410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREER, DAVID
3 GROVE ISLE DR, UNIT 1507
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GREER, DAVID
P.O. BOX 331717
COCONUT GROVE, FL 33233 US

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.

SIGNATURE:

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GREER, DAVID
Address: 3 GROVE ISLE DRIVE #1507
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: PERDOMO, LIZA M
Address: 3 GROVE ISLE DRIVE #1507
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREER, DAVID
Address: P.O. BOX 331717
City-St-Zip: COCONUT GROVE, FL 33233

Title: MGRM (X) Change () Addition
Name: PERDOMO, LIZA M
Address: P.O. BOX 331717
City-St-Zip: COCONUT GROVE, FL 33233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID GREER

MGRM

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date