2006 LIMITED LIABILITY COMPANY

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L04000017134** 05-02-2006 90042 015 ****50.00 1. Entity Name PMG LIDO, LLC DEPARTACE Principal Place of Business Mailing Address FIVE E 17TH STREET, 2ND FLOOR 46 NORTH WASHINGTON BLVD., SUITE 1 NEW YORK, NY 10003 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 CR2E083 (11/05) Chg-LLC Applied For 4. FFI Number City & State City & State 20-0803257 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL. 34236 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change ☐ Delete TITLE Addition TITLE MALONEY, KEVIN P NAME STREET ADDRESS FIVE E 17TH STREET, 2ND FLOOR STREET ADDRESS NEW YORK, NY 10003 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Detete ☐ Change ■ Addition TITLE FELDMAN, ZIEL NAME NAME FIVE E 17TH STREET, 2ND FLOOR STREET ADDRESS STREET ADORESS NEW YORK, NY 10003 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE

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Daytime Phone #

11. I hereby certify that the information sup indicated on this report is true and account Med with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information wate 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 for trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the recei

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

(212) 610-2800 SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

P. MALONEY, MGR

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATUR AND TYPS

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