2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000054046 1. Entity Name 02-22-2007 90277 018 ****55.00 LIDOJOST, LLC Principal Place of Business Mailing Address **35 BECKET LANE 35 BECKET LANE** PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 20-4974441 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Recutred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMPSON, SCOTT E 595 WEST GRANADA BLVD., SUITE A Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32174 City 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TIM 6 Delete MILE MGRM Addition ☐ Chance NAME NAME Joseph A. Forte STREET ADDRESS STREET ADDRESS 35 Becket Lane CITY-ST-ZIP CITY-ST-ZIP Palm Coast, FL 32137 TITLE ☐ Delete MGRM MILE ☐ Change Addition Steven G. Forte 15036 Fox Branch Lane NAME NAME STREET ADDRESS STREET ADDRESS Midlothian, VA 23112 CITY-ST-ZIP CITY-ST-ZIP MLE MGRM ☐ Delete TITLE ☐ Change SCI Addition Dora A. Forte NAME STREET ACCORESS STREET ADDRESS 35 Becket Lane CITY-ST-ZIP Palm Coast. FL 32137 CITY-ST-7IP TITLE ☐ Delete TITLE MGRM Change Addition NAME NAME Lisa Forte STREET ADDRESS STREET ADDRESS 15036 Fox Branch Lane CITY-ST-71P CITY-ST-ZIP Midlothian, VA 23112 MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. Joseph A. Forte MGRM 02-20-2007 SIGNATURE

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 22, 2007 8:00 am

Deytime Phone #