### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L06000054046**

1. Entity Name LIDOJOST, LLC



Principal Place of Business

Mailing Address

35 BECKET LANE PALM COAST, FL 32137 35 BECKET LANE PALM COAST, FL 32137

## FILED Jan 18, 2008 08:00 AM Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4974441

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, SCOTT E 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174

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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)

U000007**89**765

01/23/08-80006-012 143.75

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME ·	FORTE, JOSEPH A
STREET ADDRESS	35 BECKET LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE .	MGRM
NAME	FORTE, STEVEN G
STREET ADDRESS	15036 FOX BRANCH LANE
CITY-ST-ZIP	MIDLOTHIAN, VA 23112
TITLE	MGRM
NAME	FORTE, DORA A
STREET ADDRESS	35 BECKET LANE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	FORTE, LISA
STREET ADDRESS	15036 FOX BRANCH LANE
CITY-ST-ZIP	MIDLOTHIAN, VA 23112
TITLE	
NAME	,
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 I hereby certify that the information supplied with this filling does not qualify for the ex	

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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.

SIGNATURE

Joseph A. Forte

KE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/08

(386) 445-8206

Date

Daytime Phone #