

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90015 028 \*\*\*138.75

**DOCUMENT # L06000066352**

1. Entity Name  
**LIDO BEACH LLC**



Principal Place of Business  
**1001 EAST ATLANTIC AVENUE  
SUITE 202  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**1001 EAST ATLANTIC AVENUE  
SUITE 202  
DELRAY BEACH, FL 33483 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1000 Market Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Portsmouth, NH**

Zip

Country

Zip

Country

**03801**

**USA**



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**51-0591005**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRITCHFIELD, RICHARD H  
1001 EAST ATLANTIC AVENUE  
SUITE 201  
DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MARK T  
1001 EAST ATLANTIC AVENUE, SUITE 202  
DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, MICHAEL P  
1001 EAST ATLANTIC AVENUE, SUITE 202  
DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALSH, WILLIAM J  
1001 EAST ATLANTIC AVENUE, SUITE 202  
DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ADE, RICHARD C  
1000 MARKET STREET, SUITE 300  
PORTSMOUTH, NH 03801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 for the receiver or trustee empowered to execute this report as required by Chapter 206, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**RICHARD C. ADE  
MANAGER**

Date

Daytime Phone #

**1/30/08 (603) 559-2100**