

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066352

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** LIDO BEACH LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1000 EAST ATLANTIC AVENUE  
STE 300  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 51-0591005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WALSH, MARK T  
**Address:** 1001 EAST ATLANTIC AVENUE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**Title:** MGR  
**Name:** WALSH, MICHAEL P  
**Address:** 1001 EAST ATLANTIC AVENUE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**Title:** MGR  
**Name:** WALSH, WILLIAM J  
**Address:** 1001 EAST ATLANTIC AVENUE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**Title:** MGR  
**Name:** ADE, RICHARD C  
**Address:** 1000 MARKET STREET, SUITE 300  
**City-St-Zip:** PORTSMOUTH, NH 03801 US

I hereby 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:** RICHARD C. ADE

MGR

01/15/2010

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