

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019050

Entity Name: LO-RIDER MANAGEMENT, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

888 SOUTH ANDREWS AVENUE  
SUITE 501  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

888 SOUTH ANDREWS AVENUE  
SUITE 501  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

PO BOX 292037  
DAVIE, FL 33329

FEI Number: 26-4330657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORMAN, M. AUSTIN  
888 SOUTH ANDREWS AVENUE  
SUITE 501  
FORT LAUDERDALE, FL 333316 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: MGRM  
Name: FORMAN, M. AUSTIN  
Address: 888 SOUTH ANDREWS AVENUE, #501  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: MARCELLINO, LORI J  
Address: 888 SOUTH ANDREWS AVENUE, #501  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: M. AUSTIN FORMAN

MGRM

04/29/2010

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