## 2005 LIMITED LIABILITY COMPANY

## Apr 19, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000000048** 04-19-2005 90016 033 \*\*\*\*50.00 LIDOSMITH, LLC Principal Place of Business Mailing Address 6001000 700 JOHN RINGLING ROAD C/O PAWLING CORPORATION 157 CHARLES COLEMAN BLVD. SARASOTA, FL 34236-1505 PAWLING, NY 12564 2. Principal Place of Business 3. Mailing Address 123 North Polk Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FFI Number 59-3561637 Sarasota, FL Not Applicable <sup>Zip</sup> 34236 \$5.00 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLASP, INC. Street Address (P.O. Box Number is Not Acceptable) 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103 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 Sgnaure, typed or printed name of registered agent and title Cappicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES . 10. 9. MGR Change ~ ПΠЕ - Addition TITLE ☐ Delete SMITH, STEPHEN NAME NAME STREET ADORESS 157 CHARLES COLEMAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAWLING, NY 12564 TITLE ☐ Defete TITLE -- Change ■ Addition NAME SMITH, ROGER NAME 157 CHARLES COLEMAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PAWLING, NY 12564 CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE ☐ Delete ППЕ BUSBY, VALERIE NAME NAME STREET ADDRESS 157 CHARLES COLEMAN BLVD. STREET ADDRESS PAWLING, NY 12564 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Oelete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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. display of profe

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ROGER W. SMITH D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRÉSENTATIVE

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