2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

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Entity Name: SLAB LIDO, L.L.C.

Current Principal Place of Business:

1223 N. ROCK RD, BLDG A, STE 200
WICHITA, KS 67206

New Principal Place of Business:

1223 N. ROCK ROAD
BUILDING A, SUITE 200
WICHITA, KS 67206

Current Mailing Address:

1223 N. ROCK RD, BLDG A, STE 200
WICHITA, KS 67206

New Mailing Address:

1223 N. ROCK ROAD
BUILDING A, SUITE 200
WICHITA, KS 67206

FEI Number: 73-1587051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: BUFORD, C. ROBERT
Address: 1223 N. ROCK RD, BLDG A, STE 200
City-St-Zip: WICHITA, KS 67206

Title: MGR ( ) Delete
Name: BUFORD, DANIEL S
Address: 107 SOUTH PHOENIX
City-St-Zip: TULSA, OK 74127

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUFORD, C. ROBERT
Address: 1223 N. ROCK RD, BLDG A, STE 200
City-St-Zip: WICHITA, KS 67206

Title: MGRM (X) Change ( ) Addition
Name: BUFORD, DANIEL S
Address: 107 SOUTH PHOENIX
City-St-Zip: TULSA, OK 74127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: C. ROBERT BUFORD MGRM 04/25/2006

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