

FLÓRIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| DOC | JN | IENT | # | A99000001453 |
|-----|----|------|---|--------------|
|-----|----|------|---|--------------|

1. Name of Limited Partnership

Flag DiLido Ventures, Ltd.

| C/0 | Flag | Finance | & | Investment | Corp |
|-----|------|---------|---|------------|------|
|-----|------|---------|---|------------|------|

| 2. Principal Office Address 1370 Avenue of the Americas | 3. Mailing Office Address | 4. Date Formed or Registered To Do Business in Florida 9/3 /19 | 99 |
|---------------------------------------------------------|---------------------------|----------------------------------------------------------------|------------------------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number | Applied For |
| 29th Floor | | 65-0955429 | Not Applicable |
| City & State | City & State | 6. CERTIFICATE OF STATUS DESIRED \$8.75 A | dditional Fee require Certificate of Status |

New York, NY

Country Country U.S.A.

State

7a. Capital Contributions as shown on Record: 1000

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

10019

C/O Juan P. Loumiet, Esq. Greenberg Traurig, P.A.

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

1221 Brickell Avenue

Suite, Apt. #, Etc.

21st Floor

Miami

Zin Code

- FEES: Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
- Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by its general partner(s). I hereby accept the appointment or registered agent, I sm familiar with, and accept the obligations of section 620-192. Florida Statutes

33131

SiGNATURE (Registered Agent Accepting Appointment) _

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zio Code | 10a. Registration Document Number |
|-----------------------------------|-------------------------------------------------------------------------|--------------------------|---------------------------------------------|
| Flag DiLido Ventures, Inc. | 1370 Avenue of the Americas | New York,NY 10019 | P99000075000 |
| | 29th Flöor | | |
| | | 70003 -01/03 ***** | \$291973 70101030003 90.00 ****150.00 |
| | | | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(i) in the event that the information supplied is deemed exempt from outpic access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chaoter 620. Florida Statutes.

SIGNATURE Typed or Printed Name of General Partner Signing Form. _

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