2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 APR 28 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001453

1. Entity Name
FLAG DI LIDO VENTURES, LTD.

Principal Place of Business	Mailing Address
C/O FLAG FINANCE & INVESTMENT CORP. 1370 AVENUE OF THE AMERICAS. 29TH FLOOR NEW YORK NY 10019	C/O FLAG FINANCE & INVESTMENT CORP. 1370 AVENUE OF THE AMERICAS. 29TH FLOOR NEW YORK NY 10019

2. Principal Place of Business	3. Mailing Address
650 MADISON AVE.	(Same)
Suite, Apt. #, etc. 15TH FLOOR	Suite, Apt. #, etc.
City & State NEW YORK, NY	City & State
Zip 100022 Country USA	Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-0955429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENBERG TRAURIG, P.A. ATTN: JUAN P. LOUMIET, ESQ. 1221 BRICKELL AVENUE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000075000	STREET ADDRESS	
NAME	FLAG DI LIDO VENTURES, INC.		
STREET ADDRESS	1370 AVENUE OF THE AMERICAS, 29TH FLOOR	CITY-ST-ZIP	600017121696 04/28/03--01017--011 **141.25
CITY-ST-ZIP	NEW YORK NY 10019		
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CR2E003 (10/02)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/24/03 212-407-9187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #