

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000076876

**Entity Name:** LIONSTONE DI LIDO GP, INC.**Current Principal Place of Business:**605 LINCOLN ROAD  
5TH FLOOR  
MIAMI BEACH, FL 33139**Current Mailing Address:**605 LINCOLN ROAD  
5TH FLOOR  
MIAMI BEACH, FL 33139**FEI Number:** 65-0998375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAZAR, BRUCE E  
605 LINCOLN ROAD  
5TH FLOOR  
MIAMI BEACH, FL 33139 US*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

**Officer/Director Detail :**

Title	DIRECTOR
Name	LOWENSTEIN, ALFREDO
Address	SALITA CARLO BOSSOLI 3 APT 6
City-State-Zip:	LUGANO SW 6900
Title	DV
Name	LOWENSTEIN-BOANO, PAULA
Address	605 LINCOLN ROAD - 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139
Title	DV
Name	LOWENSTEIN, CARLA
Address	605 LINCOLN ROAD - 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139

Title	PRESIDENT
Name	LOWENSTEIN, DIEGO
Address	605 LINCOLN ROAD - 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139
Title	DV
Name	LOWENSTEIN-ELORTEGUI, FLAVIA
Address	605 LINCOLN ROAD - 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139
Title	VS
Name	LAZAR, BRUCE E
Address	605 LINCOLN ROAD - 5TH FLOOR
City-State-Zip:	MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE E. LAZAR

VICE-PRESIDENT

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date