



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 10: 03

DOCUMENT # A04000001351 1. Entity Name 2901 BEACH VENTURES, LLLP					
Principal Place of Business 2901 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 2901 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1300 BRICKELL AVENUE Suite, Apt. #, etc.			
City & State 		City & State MIAMI FL		4. FEI Number 20-1699476	
Zip 		Zip 33131		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent LAZAR, BRUCE 2901 COLLINS AVENUE MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. 13,589,100.00			
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 #	L04000059406		STREET ADDRESS		
NAME	LIONSTONE SEVILLE GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	2901 COLLINS AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33140				
DOCUMENT #	L04000061275		STREET ADDRESS		
NAME	MIAMI BEACHFRONT GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	1300 BRICKELL AVENUE				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 02.10.05 305.351.1000 <small>Daytime Phone #</small>		

STAPLE CHECK HERE

supp. aff. filed 4/12/05

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