

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001351

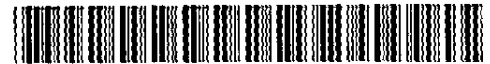
1. Entity Name
2901 BEACH VENTURES, LLLP



Principal Place of Business
1300 BRICKELL AVE
MIAMI BEACH, FL 33131

Mailing Address
1300 BRICKELL AVE
MIAMI BEACH, FL 33131

240-130



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
20-1699476

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE
2901 COLLINS AVENUE
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title (if applicable).

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # L04000059406
NAME LIONSTONE SEVILLE GP, LLC
STREET ADDRESS 2901 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140

DOCUMENT # L04000061275
NAME MIAMI BEACHFRONT GP, LLC
STREET ADDRESS 1300 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

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01/30/06-80019-015 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/11/2006

Date

305.351.1000

Daytime Phone #

STAPLE CHECK HERE