

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 25, 2007 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



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1699476	Applied For Not Applicable
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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, 2007, 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 #	
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CITY - ST - ZIP	

U00000602584
01/26/07-80096-012 500.00

**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

Date

Daytime Phone #

BRUCE E. LAZAR V.P. 1/21/07 305 335-8118

STAPLE CHECK HERE