

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 JUN 28 PM 2:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000001422

1. Name of Limited Partnership

DI LIDO BEACH RESORT, LTD.

200004463292--3
 -07/09/01--01009--005
 ***1282.50 ***1282.50

2. Principal Office Address
 c/o Greenberg Traurig
 1221 Brickell Ave

3. Mailing Office Address
 c/o Greenberg Traurig
 1221 Brickell Ave.

4. Date Formed or Registered
 To Do Business in Florida
 08-30-1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
 65-0969875
 Applied For
 Not Applicable

City & State
 Miami, FL

City & State
 Miami, FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip Country
 33131 Dade

Zip Country
 33131 Dade

7a. Capital Contributions as shown on Record:
 \$1,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
 \$1,000.00

8. Name and Address of Current Registered Agent

Name
 Greenberg Traurig, P.A. Attn: Juan Loumiet, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 1221 Brickell Avenue

Suite, Apt. #, Etc.

City State Zip Code
 Miami FL 33131

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
FLAG DI LIDO OPERATING CORP.	1221 Brickell Ave.	Miami, FL 33131	P99000074985
LIONSTONE DI LIDO GP, INC.	2900 Collins Ave	Miami Beach, FL 33140	P99000076876
SOBE HOTEL I, LLC	1271 Ave of the Americas	New York, NY 10020	M99000001314

REINSTATEMENT

00-01
Dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE 6/22/2001
 Typed or Printed Name of General Partner Signing Form Paul C. Kanavos Telephone Number 212-581-4540

CR2503B (8/00)