

2002 UNIFORM BUSINESS REPORT (UBR)

0000473 AT

DOCUMENT # A99000001422
 1. Entity Name
DI LIDO BEACH RESORT, LTD.

FILED

02 SEP 27 AM 11:38

Principal Place of Business
**C/O GREENBERG TRAUIG, P.A.
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

Mailing Address
**C/O GREENBERG TRAUIG, P.A.
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
1370 Av. of the Americas
29th Floor
 City & State
NY, NY
 Zip
10019

Country
USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0969875**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREENBERG TRAUIG, P.A.
 ATTN: JUAN P. LOUMIET, ESQ.
 1221 BRICKELL AVENUE
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 DATE

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

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	P99000074985
NAME	FLAG DI LIDO OPERATING CORP.
STREET ADDRESS	1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	P99000076876
NAME	LIONSTONE DI LIDO GP, INC.
STREET ADDRESS	2900 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33140
DOCUMENT #	M99000001314
NAME	SOBE HOTEL I, LLC
STREET ADDRESS	1271 AVE. OF THE AMERICAS, 40TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	388888152839 1
CITY-ST-ZIP	-10/02/02--01032--013
	****541.25 ****541.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/02)