2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 23, 2005 08:00 AM Secretary of State

DOCUMENT # A9900001422 1. Entity Name DI LIDO BEACH RESORT, LTD.					Secretary of State	
Principal Place of Business C/O GREENBERG TRAURIG, P.A. 650 MADISON AVEN 1221 BRICKELL AVENUE 15TH FLOOR NEW YORK, NY 100					T 	TUI TOUY ONIOS IINI BITIN INTO IINSKI DI INTO
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.		03072005 Chg-LP	CR2E003 (10/03)	
City & State _		City & State			4. FEI Number 65-0969875	Applied For Not Applicable
Zip	Country	Zip	Zip Country		Certificate of Status Desired	\$9.75 Additional
	6. Name and Address of Curre	nt Registered Agent	Name		7. Name and Address of New	
ATTN: JUA 1221 BRIC	GREENBERG TRAURĪG, P.A. ATTN: JUAN P. LOUMIET, ESQ. 1221 BRICKELL AVENUE			Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL	33131			City		FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registered	office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered agr	att and title if environtia			<u> </u>	DATE
9. Capital Cor as Shown to	ntributions #4 000 00	_ 10. Amount of Car in FLORIDA to		tions		
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS E AY NOT be changed on	ENTITY MUS the form; a	ST BE REGIST an amendmen	TERED AND ACTIVE WITH T it must be filed to change a	HIS OFFICE. general partner.
12.	The state of the s				ADDRESS CH	HANGES ONLY
NAME	FLAG DI LIDO OPERATING C	STREET A	ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL 33131			r-ZIP		
DOCUMENT #	P99000076876			ADDRE'SS		
NAME STREET ADDRESS — CITY-ST-ZIP	LIONSTONE DI LIDO GP, INC 2900 COLLINS AVENUE MIAMI BEACH, FL 33140	CITY+ST	i-ZIP		00274142 S-80058-012 141.25	
DOCUMENT #	M02000001937 LF SOUTH BEACH, LLC	STREET	AODRESS			
STREET ADDRESS CITY-ST-ZIP	DRESS 3414 PEACHTREE RD N.E. SUITE 300			-ZIP		
DOCUMENT ≠ NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	- ZiP		
DOCUMENT #				ADDRESS		
STREET ADDRESS			CMY-ST	- ZIP		
DOCUMENT#			STREET A	ADDRESS		
STREET ADDRESS .			CITYAST			
14. I hereby c indicated the receive	ertify that the information supplied won this report is true and accurate are or trustee empowered to execute	ith this filing does not qualify individualify that my signature shall have this report as required by Cha	for the exemp ve the same le apter 620, Flo	otion stated in Se egal effect as if m rida Statutes	ction 119 07(3)(i), Florida Statutes ade under oath, that I am a Gener	. I further certify that the information ral Partner of the limited partnership or
SIGNAT	URE: Kuch	<u></u>	ERAL PARTNER	* *	3/7/05	5 212-407-9187- Daylime Phone #