

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 2006 PM 12:33:23

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A99000001422			
1. Entity Name DI LIDO BEACH RESORT, LTD.			
Principal Place of Business ONE LINCOLN ROAD MIAMI BEACH, FL 33139		Mailing Address ONE LINCOLN ROAD MIAMI BEACH, FL 33139	
2. Principal Place of Business <i>605 Lincoln Road</i>		2. Mailing Address <i>605 Lincoln Road</i>	
Suite, Apt. #, etc. <i>5TH FLOOR</i>		Suite, Apt. #, etc. <i>5TH FLOOR</i>	
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>
4. FEI Number 65-0969875		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZAR, BRUCE E ONE LINCOLN ROAD MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>605 Lincoln Road</i> <i>5TH FLOOR</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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 <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000074985 FLAG DI LIDO OPERATING CORP. 1221 BRICKELL AVENUE MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000076876 LIONSTONE DI LIDO GP, INC. 2900 COLLINS AVENUE MIAMI BEACH, FL 33140	STREET ADDRESS CITY-ST-ZIP	<i>605 LINCOLN ROAD-5TH FLOOR</i> <i>MIAMI BEACH, FL 33139</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>500074757135</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>05/17/06--01019--027 **500.00</i>
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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 <i>[Signature]</i> V.P. <i>Lionstone Di Lido</i>		Date <i>4/24/06</i> Daytime Phone # <i>305532-1215</i>	
Signature and typed or printed name of signing general partner			

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