


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001422</b> 1. Entity Name DI LIDO BEACH RESORT, LTD.	
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Principal Place of Business 605 LINCOLN ROAD MIAMI BEACH, FL 33139	Mailing Address 605 LINCOLN ROAD MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0969875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE E  
605 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000074985 FLAG DI LIDO OPERATING CORP. 1221 BRICKELL AVENUE MIAMI, FL 33131
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000076876 LIONSTONE DI LIDO GP, INC. 605 LINCOLN ROAD MIAMI BEACH, FL 33139
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000727577  
05/04/07-80051-019 500.00

STAPLE CHECK HERE

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:** *Dennis Stutz VP Managing Partner* **4/19/07** **305-535-8118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #