

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001422**



42/30  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR -4 PM 4:51

1. Entity Name  
**DI LIDO BEACH RESORT, LTD.**

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

Mailing Address  
**1370 AV. OF THE AMERICAS  
29TH FLOOR  
NEW YORK NY 10019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0969875**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG TRAUIG, P.A.  
ATTN: JUAN P. LOUMIET, ESQ.  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000074985**  
NAME **FLAG DI LIDO OPERATING CORP.**  
STREET ADDRESS **1221 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

CITY-ST-ZIP

**700013518017  
03/04/03--01076--022 \*\*141.25**

DOCUMENT # **P99000076876**  
NAME **LIONSTONE DI LIDO GP, INC.**  
STREET ADDRESS **2900 COLLINS AVENUE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **M02000001937**  
NAME **LF SOUTH BEACH, LLC**  
STREET ADDRESS **3414 PEACHTREE RD N.E. SUITE 300**  
CITY-ST-ZIP **ATLANTA GA 30326**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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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

**2/28/03**

Date

**212 407 9114**

Daytime Phone #

CR2E003 (10/02)