


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001434		
1. Entity Name DI LIDO BEACH COMMERCIAL, LTD.		

Principal Place of Business C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131	Mailing Address 650 MADISON AVENUE, 15TH FL NEW YORK, NY 10022
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03052004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1006066	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOUMIET, JUAN P ESQ GREENBERG TRAUIG, P.A. 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	
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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 _____
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9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	P99000074998 FLAG DI LIDO RETAIL GP CORP. 650 MADISON AVE., 15TH FLOOR NEW YORK, NY 10022	STREET ADDRESS CITY - ST - ZIP	UN00000102337 04/05/04-80008-017 141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000079630 LIONSTONE DI LIDO RETAIL GP, INC. 2900 COLLINS AVENUE MIAMI BEACH, FL 33140	STREET ADDRESS CITY - ST - ZIP	
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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: 	Paul C Karavos	3/17/04	212-407-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE