


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1006066

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P99000074998	STREET ADDRESS	
NAME	FLAG DI LIDO RETAIL GP CORP.	CITY - ST - ZIP	
STREET ADDRESS	650 MADISON AVE., 15TH FLOOR		
CITY - ST - ZIP	NEW YORK, NY 10022		
DOCUMENT #	P99000079630	STREET ADDRESS	
NAME	LIONSTONE DI LIDO RETAIL GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	2900 COLLINS AVENUE		
CITY - ST - ZIP	MIAMI BEACH, FL 33140		
DOCUMENT #		STREET ADDRESS	
NAME		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)(f), 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: *Juan P Loumiet* VP MGING PTR. 4/8/05 305 535-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____