2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A9900001434 06 MAY + 1 PM 1: 383 DI LIDO BEACH COMMERCIAL, LTD. SECRETARY OF STATES TALLAHASSEE FUORIDA Principal Place of Business Mailing Address C/O GREENBERG TRAURIG, P.A. 650 MADISON AVENUE, 15TH FL 1221 BRICKELL AVENUE NEW YORK, NY 10022 MIAMI, FL 33131 Principal Place of Business 04202006 CR2E003 (11/05) 4. FEI Number Applied For 65-1006066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOUMIET, JUAN P ESQ Street Address (P.O. Box Number is Not Acceptable) GREENBERG TRAURIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable. DATE FILE NOWIII 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13 P99000074998 DOCUMENT # STREET ADDRESS FLAG DI LIDO RETAIL GP CORP. STREET ADDRESS 650 MADISON AVE., 15TH FLOOR CITY - ST - ZIP CITY - ST-ZIP NEW YORK, NY 10022 MIAMIBEACH, 12 33139 DOCUMENT # P99000079630 STREET ADDRESS NAME LIONSTONE DI LIDO RETAIL GP. INC. STREET ADDRESS 2900 COLLINS AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33140 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200074757082 CITY-S1-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADORESS CITY- ST- 2:P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

CHECK

STAPLE