


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

06 MAY 7 11 PM '06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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: 605 LINCOLN ROAD 5TH FLOOR  
 3. Mailing Address: 605 LINCOLN ROAD 5TH FLOOR

City & State: MIAMI BEACH FL  
 Zip: 33139 Country: USA



04202006 Chg-LP CR2E003 (11/05)

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.

**FILE NOW!!! 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.**

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	605 LINCOLN RD - 5TH FLOOR
NAME	LIONSTONE DI LIDO RETAIL GP, INC.	CITY-ST-ZIP	MIAMI BEACH, FL 33139
STREET ADDRESS	2900 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

200074757082  
 05/17/06--01019--026 \*\*\$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: *[Signature]* V.P. RETAIL GP INC. 4/29/06 305 532-1215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #