


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001434 1. Entity Name DI LIDO BEACH COMMERCIAL, LTD.	
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Principal Place of Business 605 LINCOLN ROAD, 5TH FLOOR MIAMI BEACH, FL 33149	Mailing Address 605 LINCOLN ROAD, 5TH FLOOR MIAMI BEACH, FL 33149
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1006066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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, 2007, 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	
DOCUMENT #	P99000074998
NAME	FLAG DI LIDO RETAIL GP CORP.
STREET ADDRESS	605 LINCOLN ROAD, 5TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33149
DOCUMENT #	P99000079630
NAME	LIONSTONE DI LIDO RETAIL GP, INC.
STREET ADDRESS	2900 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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05/07/07-80019-018 500.00

**DO NOT WRITE
IN THIS SPACE**

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:  VP GP. **4/23/07** **305535-8118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #