


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 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



02142008 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 TRAURIG, P.A. 1221 BRICKELL AVENUE MIAMI, FL 33131
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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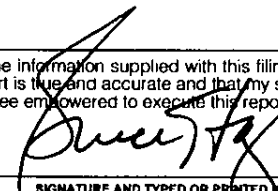
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000961661
05/22/08-80023-014 500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	BRUCE E. LAZAR V.P. G.P.	4/21/2008 Date	305 532-1215 Daytime Phone #
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STAPLE CHECK HERE