

2003 **LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # A99000001434

1. Entity Name

Di Lido Beach Commercial, Ltd.

FILED

2003 JUN 13 PM 3:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Greenberg Traurig, 650 Madison Avenue

3. Mailing Address
650 Madison Avenue

Suite, Apt. #, etc. P.A.

Suite, Apt. #, etc.

1221 Brickell Avenue

15th Floor

City & State

City & State

Miami, Florida

New York, New York

Zip
33131

Country
USA

Zip
10022

Country
USA

DUE BY MAY 1

4. FEI Number

65-1006066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juan P. Loumiet, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Greenberg Traurig, P.A.

1221 Brickell Avenue

City
Miami

FL

Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 1221 Brickell Avenue
CITY-ST-ZIP Miami, FL 33131

STREET ADDRESS

CITY-ST-ZIP

600016956206

04/24/03--01043--005 **52.50

DOCUMENT # P99000076876
NAME Lionstone Di Lido Retail GP Corp.
STREET ADDRESS 2900 Collins Avenue
CITY-ST-ZIP Miami Beach, FL 33140

STREET ADDRESS

CITY-ST-ZIP

600016956206

06/13/03--01053--002 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Document Page #

STAPLE CHECK HERE

CR2E003B (12/02)