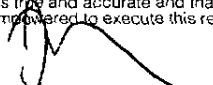


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001453</b> 1. Entity Name <b>FLAG DI LIDO VENTURES, LTD.</b>					
Principal Place of Business <b>650 MADISON AVE          15TH FL          NEW YORK, NY 10022</b>			Mailing Address <b>650 MADISON AVE          15TH FL          NEW YORK, NY 10022</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		04282004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>65-0955429</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>GREENBERG TRAUERIG, P.A.          ATTN: JUAN P. LOUMIET, ESQ.          1221 BRICKELL AVENUE          MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000075000		STREET ADDRESS		
NAME	FLAG DI LIDO VENTURES, INC.		CITY, ST, ZIP		
STREET ADDRESS	1370 AVENUE OF THE AMERICAS, 29TH FLOOR		CITY, ST, ZIP		
CITY, ST, ZIP	NEW YORK, NY 10019		STREET ADDRESS		
DOCUMENT #			CITY, ST, ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY, ST, ZIP		
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CITY, ST, ZIP			STREET ADDRESS		
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.					
<b>SIGNATURE:</b> 			<b>4/28/2004</b> <b>212-407-9114</b> <small>Date Daytime Phone #</small>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>					

STAPLE CHECK HERE