


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034183**

1. Entity Name  
**LIONSTONE DI LIDO RETAIL LESSOR, LLC**



Principal Place of Business <b>C/O LIONSTONE GROUP, INC.          2901 COLLINS AVE., SUITE M          MIAMI BEACH, FL 33140</b>	Mailing Address <b>C/O LIONSTONE GROUP, INC.          2901 COLLINS AVE., SUITE M          MIAMI BEACH, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**

03312005 No Chg-LLC      CR2E083 (10/03)

4. FEJ Number <b>55-0813108</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LIONSTONE GROUP, INC.  
 2901 COLLINS AVE  
 MIAMI BEACH, FL 33140**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LIONSTONE GROUP, INC 2901 COLLINS AVE. MIAMI BEACH, FL 33140</b>
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 04/22/05-80107-019 50.00

**DO NOT WRITE IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **VP Managing Mem.**      **4/15/05**      **305 532 1215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #