


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90147 025 ****50.00

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DOCUMENT # L02000034183			
1. Entity Name LIONSTONE DI LIDO RETAIL LESSOR, LLC			
Principal Place of Business C/O LIONSTONE GROUP, INC. 2901 COLLINS AVE., SUITE M MIAMI BEACH, FL 33140		Mailing Address C/O LIONSTONE GROUP, INC. 2901 COLLINS AVE., SUITE M MIAMI BEACH, FL 33140	
2. Principal Place of Business 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139 USA		3. Mailing Address 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139 USA	
4. FEI Number 55-0813108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LIONSTONE GROUP, INC. 2901 COLLINS AVE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent LIONSTONE GROUP INC. 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH FL 33139	
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 <i>Bruce E. Lazar</i> VT BRUCE E. LAZAR 4/18/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIONSTONE GROUP, INC 2901 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	605 LINCOLN RD - 5TH FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: <i>Bruce E. Lazar</i> BRUCE E. LAZAR, VP LIONSTONE GROUP INC. MANAGING MEMBER 4/18/06 305 532 1215 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			