

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034183

1. Entity Name

LIONSTONE DI LIDO RETAIL LESSOR, LLC



FILED

03 JUN 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

%Lionstone Group, Inc.

%Lionstone Group, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2901 Collins Ave - Suite M

2901 Collins Ave - Suite M

City & State

City & State

Miami Beach, FL 33140

Miami Beach, FL 33140

Zip

Country

Zip

Country

33140

USA

33140

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0813108

Applied For

~~Applied for~~

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lionstone Group, Inc.

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

2901 Collins Ave

City

Miami Beach

FL

Zip Code

33140

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.

Signature
President

4/22/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

00017558901

04/30/03--01050--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGMEM

Lionstone Group, Inc.

2901 Collins Ave.

Miami Beach, FL 33140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01050--005 **50.00~~

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CITY-ST-ZIP

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

BRUCE E. LAZAR, MGR

MGR

4/22/03

305 532 1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)