

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05-02-2005 90114 022 \*\*\*\*\*50.00  
L04000059406

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|---|---|---|--|---|--|
| <b>DOCUMENT # L04000059406</b><br>1. Entity Name<br><b>LIONSTONE SEVILLE GP, LLC</b>  |   |   |  | <br><b>FILED</b><br><b>05 MAY 24 AM 11:50</b><br>DIVISION OF CORPORATIONS<br>TALLAHASSEE, FLORIDA<br><div style="text-align: right; font-size: 1.2em; font-weight: bold;">20052829</div>                                      |  |
| Principal Place of Business<br><b>2901 COLLINS AVENUE<br/>MIAMI BEACH, FL 33140</b>   |   | Mailing Address<br><b>2901 COLLINS AVENUE<br/>MIAMI BEACH, FL 33140</b> |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                               |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | 03312005    Chg-LLC    CR2E083 (10/03)  |  |
| 4. FEI Number<br><div style="font-size: 1.2em; font-weight: bold;">20-2879994</div>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |   |  | 6. Name and Address of Current Registered Agent<br><b>LIONSTONE GROUP, INC.<br/>2901 COLLINS AVENUE<br/>MIAMI BEACH, FL 33140</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <div style="float: right;">FL    Zip Code</div>   |   |   |  | 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 _____  |   |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>            |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>Lionstone Group, Inc.<br/>2901 Collins Avenue<br/>Miami Beach, FL 33140</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Successor</i> <b>BRUCE E. LAZAR, MGR Member</b> 4/15/05    305 532 1215  |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #  |   |   |  |   |  |