



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2006 90147 026 ****50.00

DOCUMENT # L04000059406 1. Entity Name LIONSTONE SEVILLE GP, LLC					
Principal Place of Business 2901 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 2901 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business 605 LINCOLN ROAD Suite, Apt. #, etc. 5TH FLOOR		3. Mailing Address 605 LINCOLN ROAD Suite, Apt. #, etc. 5TH FLOOR			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		01252006 Chg-LLC CR2E083 (11/05)	
Zip 33139 Country USA		Zip 33139 Country USA		4. FEI Number 20-2879994 Applied For <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 LIONSTONE GROUP, INC. 2901 COLLINS AVENUE MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent Name LIONSTONE GROUP INC. Street Address (P.O. Box Number is Not Acceptable) 605 LINCOLN ROAD 5TH FLOOR City MIAMI BEACH FL Zip Code 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 Bruce E. Lazar VP BRUCE E. LAZAR DATE 4/18/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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 AVENUE 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	
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	
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	
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 MANAGING MEMBER 4/18/06 305 532-1215 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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