

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005686

1. Entity Name
LIONSTONE DI LIDO LP, LLC

Principal Place of Business
2901 COLLINS AVENUE, STE M
MIAMI BEACH FL 33140

Mailing Address
2901 COLLINS AVENUE, STE M
MIAMI BEACH FL 33140-4104

2. Principal Place of Business
2901 Collins Ave.
Suite, Apt. #, etc.

3. Mailing Address
2901 Collins Ave.
Suite, Apt. #, etc.
Attn: Bruce Lazar

City & State
Miami Beach, FL
Zip
33140
Country
USA

City & State
Miami Beach, FL
Zip
33140
Country
USA

4. FEI Number
65-1001195

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LIONSTONE GROUP INC
2901 COLLINS AVENUE, STE M
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Bruce E. Lazar
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.

SIGNATURE *Bruce Lazar* 4/13/00 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LIONSTONE GROUP INC 2901 COLLINS AVENUE, STE M MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Lazar, Bruce E. 2901 Collins Ave. Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: *Bruce Lazar* 4/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone # 305-535-8118

CP2E083 (9/99)