

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017731

DOCUMENT # L99000005686

1. Entity Name

LIONSTONE DI LIDO LP, LLC



FILED
03 APR 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1001195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZAR, BRUCE E
2901 COLLINS AVENUE, STE M
MIAMI BEACH FL 33140

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

4000017540738

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

04/30/03--01026--018 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LIONSTONE GROUP INC
STREET ADDRESS 2901 COLLINS AVENUE, STE M
CITY-ST-ZIP MIAMI BEACH FL
☐ Delete

TITLE MGR
NAME John W. Cooney
STREET ADDRESS 2901 Collins Ave
CITY-ST-ZIP Miami Beach, FL 33140
☐ Change ☒ Addition

TITLE MGR
NAME LAZAR, BRUCE E
STREET ADDRESS 2901 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33140
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~04/30/03--01026--018 **50.00~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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 E. Lazar, Mgr.
SIGNATURE REQUIRED

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

4/22/2003

305 532 1215

Date

Daytime Phone #

CR2E083 (10/02)