# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**
**Jul 14, 2005 8:00 am**
**Secretary of State**
04-26-2005 90011 050 ****50.00

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DOCUMENT # L99000005768

1. Entity Name
LIONSTONE DI LIDO RETAIL LP, LLC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2901 COLLINS AVENUE,<br>MIAMI BEACH, FL 33140 | 2901 COLLINS AVENUE,<br>MIAMI BEACH, FL 33140 |

04052005 Chg-LLC CR2E083 (10/03)

| 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 65-1001193 ☐ 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 |
|---|---|
| LIONSTONE GROUP, INC.<br>2901 COLLINS AVENUE,<br>MIAMI BEACH, FL 33140 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LIONSTONE GROUP INC<br>2901 COLLINS AVENUE, STE M<br>MIAMI BEACH, FL 33140 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>LAZAR, BRUCE E<br>2901 COLLINS AVENUE<br>MIAMI BEACH, FL 33140 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PRTP~~ | ~~☒ Change~~ ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>COONEY, JOHN W<br>2901 COLLINS AVENUE<br>MIAMI BEACH, FL 33140 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~MGRM~~ | ~~☒ Change~~ ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / 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:** VP MANAGING MEMBER 4/7/05 305 532 1215
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #