
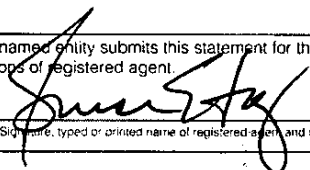
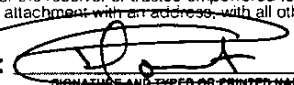


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 033 ***150.00

DOCUMENT # P00000110523 1. Entity Name LIONSTONE BAY HARBOR, INC.			
Principal Place of Business C/O BRUCE E. LAZAR 2901 COLLINS AVENUE MIAMI BEACH, FL 33140		Mailing Address C/O BRUCE E. LAZAR 2901 COLLINS AVENUE MIAMI BEACH, FL 33140	
2. Principal Place of Business 605 LINCOLN RD 5TH FLOOR		3. Mailing Address 605 LINCOLN RD. 5TH FLOOR	
Suite, Apt. #, etc. 5TH FLOOR		Suite, Apt. #, etc. 5TH FLOOR	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139		Zip 33139	
Country USA		Country USA	
4. FEI Number 65-1059432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZAR, BRUCE E 2901 COLLINS AVE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name LAZAR, BRUCE E. 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 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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOANO, GABRIEL 2901 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD - 5TH FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LOWENSTEIN-BOANO, PAULA 2901 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD - 5TH FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATHIA, JUDITH L 2901 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 605 LINCOLN RD - 5TH FLOOR MIAMI BEACH, FL 33139
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
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  PAULA LOWENSTEIN-BOANO, V.P.		Date 4/18/06 305 Daytime Phone # 5321215	

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