
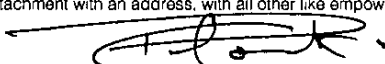


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000110523</b>		
1. Entity Name LIONSTONE BAY HARBOR, INC.		
Principal Place of Business 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139	Mailing Address 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139	
<b>DO NOT WRITE IN THIS SPACE</b>		04062007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1059432 Applied For 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 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOANO, GABRIEL 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139	<b>DO NOT WRITE IN THIS SPACE</b>  U00000727967 05/04/07-80070-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LOWENSTEIN-BOANO, PAULA 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MATHIA, JUDITH L 605 LINCOLN RD 5TH FLOOR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PAULA LOWENSTEIN-BOANO V.P. 4/23/07 3055321215 Date Daytime Phone #