2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State

| Principal Place of Business 2901 COLLINS AVE MIAMI BEACH, FL 33140 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & FL Zip Code State Address (P.O. Box Number is Not Acceptable) City FL Zip Code State Address (P.O. Box Number is Not Acceptable) City FL Zip Code State Address (P.O. Box Number is Not Acceptable) State Address of New Registered Agent City FL Zip Code State Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box | DOCUMENT # P01000119360 1. Entity Name LIONSTONE RESIDENTIAL, INC. | | | | 04-27-2004 90089 027 ***150.00 | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|------------------------------------|----------------------------------------------------|----------------------|-----------------------------|--------------|
| 2901 COLLINS AVE MIAMI BEACH, FL 33140 2. Principal Place of Business | Drivering Phase of Duviness | | | | 1 | - t - | - | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1132004 Chg.P CR2E034 (10/03) City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requ | 2901 COLLINS AVE | | 2901 COLLINS AVE | | ** * | , | | |
| City & State Country Country Country Country Country S. Certificate of Status Desired Status Desired State Status Desired State Status Desired State State Status Desired State Status Desired Agent To Name and Address of New Registered Agent FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Other State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or provide name of registered agent. Dotte: Signature, speed or provide name of registered agent. Signature, speed agent. Signature, speed agent. Signature, speed or provide name | Principal Place of Business 3. Mailing Address | | | | | | | |
| Zip Country Zip Country 5. Centificate of Status Desired Status De | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01132004 | Chg-P | CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAZAR, BRUCE E 2901 COLLINS AVE MIAMI BEACH, FL 33140 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, spread or pronted name of registered agent and rise if applicable (NOTE Registered Agent signature required when rentating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete ITILE DOWENSTEIN, ALFREDO SIRRET ADDRESS OFFICERS AND SIRE ADDRESS MIAMI BEACH, FL 33140 Delete TILE VD Delete TILE VD Delete TILE VD Change Addition NAME COONEY, JOHN W TRUST Delete TITLE NAME COONEY, JOHN W TO Delete TITLE NAME COONEY, JOHN W TO Delete TITLE NAME TITLE TITL | City & State | | City & State | | 1 | | | ····· |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | . Country | Zip | Country | 5. Certificate | of Status Desired | | |
| EAZAR, BRUCE E 2901 COLLINS AVE MIAMI BEACH, FL 33140 City FL Zip Code City FL Zip Code 8The above named entity submits this statement for the purpose of changing its 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 risk if applicable (NOTE: Registered Agent signature required when renestating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD LOWENSTEIN, ALFREDO SIRET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME VD Delete TITLE NAME COONEY, JOHN W STREET ADDRESS CITY-ST-ZIP TITLE NAME COONEY, JOHN W | | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New | Registered Agent | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City City FL Zip Code City | 1 A 7 A D. D.E | NIOT F | | Name | | | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or profiled name of registered agent and tigle if applicable (NOTE: Registered Agent signature required when renotating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Delete TITLE NAME LOWENSTEIN, ALFREDO SIREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE VD Delete TITLE VD Delete TITLE VD Delete TITLE COONEY, JOHN W Addition | 2901 COLLINS AVE | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named enlity submits this statement for the purpose of changing its 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 ride if applicable (NOTE: Registered Agent signature required when renetating) PLE NOWILL FEE IS \$150.00 | | ,,,,,, | | | | | | |
| the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD ITILE PD ITILE Change Addition NAME LOWENSTEIN, ALFREDO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE VD Delete TITLE VD Delete TITLE VD Delete TITLE VD Delete TITLE VD COONEY, JOHN W NAME COONEY, JOHN W | | | | City | | | FL Zip Cod | ie |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD Delete LOWENSTEIN, ALFREDO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 PS. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 Delete TITLE VD COONEY, JOHN W OATE 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition City-ST-ZiP TITLE VD Change Addition Change Addition | | | or the purpose of changing its re | gistered office or registe | ered agent, or bot | n, in the State of F | Florida. I am familiar with | , and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD | SIGNATURE_ | | | | | | | |
| ## After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. | | Signature, typed or printed name of registered agent | and title if applicable (NOTE: F | Registered Agent signature require | ed when reinstating) | | DATE | |
| TITLE PD Delete TITLE Change Addition NAME LOWENSTEIN, ALFREDO NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition TITLE VD Delete TITLE TITLE COONEY, JOHN W NAME Addition | | | | | | | | |
| NAME LOWENSTEIN, ALFREDO NAME STREET ADDRESS 2901 COLLINS AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE VD □ Delete TITLE NAME COONEY, JOHN W NAME | 10. | OFFICERS AND | DIRECTORS | T 11. | ADDITIONS/ | CHANGES TO OF | FFICERS AND DIRECTOR | RS IN 11 |
| STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE VD COONEY, JOHN W STREET ADDRESS CITY-ST-ZIP TITLE VD NAME COONEY, JOHN W STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME | TITLE | PD | ☐ Delete | TITLE | | | ☐ Change | Addition |
| CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE VD Delete TITLE NAME COONEY, JOHN W NAME | | | | 1 | | | | ·• |
| TITLE VD Delete TITLE Change Addition NAME COONEY, JOHN W NAME Addition | I. 1 | | | | | | | |
| NAME COONEY, JOHN W | ļ , ———————————————————————————————————— | | | | | | Change | - Addition |
| | 1 | · = | Ll Delete | | | _ | Change | |
| STREET ADDRESS 2901 COLLINS AVE | 1 | · · | | | | | | |
| CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP | CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | | | | |
| TITLE TO VD Change Addition | - mil | | Delete | TITLE : - | | | - Change | Addition |
| NAME LOWENSTEIN, DIEGO NAME | | | | · · · · · · · · · | | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | 1 | | | | | | | |
| TITLE VSD Delete TITLE Change Addition | <u> </u> | | □ Delate | | | | Change | Addition |
| NAME LAZAR, BRUCE E NAME | l. | | L., Delete | | | | | _ |
| STREET ADDRESS 2901 COLLINS AVE STREET ADDRESS | STREET ADDRESS | 2901 COLLINS AVE | | | | | | |
| CITY-SI-ZIP MIAMI BEACH, FL 33140 CITY-SI-ZIP | CITY - ST - ZIP | MIAMI BEACH, FL 33140 | | | | | | |
| TITLE AS Dekele TITLE Change Addition | i | 1 | ☐ Delete | | | | ☐ Change | ∐ Addition |
| NAME MATHIA, JUDITH STREET ADDRESS 2901 COLLINS AVE STREET ADDRESS | I | • | | 4 | | | | |
| CITY-ST-ZIP MIAMI BEACH, FL 33140 | l . | | | | | | | |
| TITLE Delete TITLE Change Addition | TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME NAME | 1 | | — :: - : : : | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | 1 | | | | | | | |

12. I hereby certify that the information shoplied 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 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 of 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

Bruce E. Lazar, V.P.

4/8/04

305 532-1215

.

Daytime Phone #