


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90041 042 \*\*\*150.00

<b>DOCUMENT # P99000076876</b>						
<b>1. Entity Name</b> LIONSTONE DI LIDO GP, INC.						
<b>Principal Place of Business</b> 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139			<b>Mailing Address</b> 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 65-0998375		
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  LAZAR, BRUCE E 605 LINCOLN ROAD 5TH FLOOR MIAMI BEACH, FL 33139			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<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.</b>						
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</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> DP	<b>NAME</b> LOWENSTEIN, ALFREDO		<input type="checkbox"/> Delete	<b>TITLE</b> DP	<b>NAME</b> LOWENSTEIN, ALFREDO	
<b>STREET ADDRESS</b> VIA GUIDNIO SVP 13 STABILE 701 APT 301-6	<b>CITY-ST-ZIP</b> LUGANO, TICINO, SW 6900		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> SALITA CARLO BOSSOLI 3-APT 6	<b>CITY-ST-ZIP</b> LUGANO, TICINO 6900 SWITZERLAND	
<b>TITLE</b> DV	<b>NAME</b> COONEY, JOHN W		<input type="checkbox"/> Delete	<b>TITLE</b> DV	<b>NAME</b> COONEY, JOHN W	
<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FL	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33140		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	
<b>TITLE</b> V/S	<b>NAME</b> LAZAR, BRUCE E		<input type="checkbox"/> Delete	<b>TITLE</b> V/S	<b>NAME</b> LAZAR, BRUCE E	
<b>STREET ADDRESS</b> LOS LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	
<b>TITLE</b> AS	<b>NAME</b> MATHA, JUDITH		<input type="checkbox"/> Delete	<b>TITLE</b> AS	<b>NAME</b> MATHA, JUDITH	
<b>STREET ADDRESS</b> LOS LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	
<b>TITLE</b> DV	<b>NAME</b> LOWENSTEIN, DIEGO		<input type="checkbox"/> Delete	<b>TITLE</b> DV	<b>NAME</b> LOWENSTEIN, DIEGO	
<b>STREET ADDRESS</b> LOS LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	
<b>TITLE</b> D	<b>NAME</b> LOWENSTEIN-BOANO, PAULA		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> LOWENSTEIN-BOANO, PAULA	
<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 605 LINCOLN ROAD-5TH FLOOR	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139	
<b>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.</b>						
<b>SIGNATURE:</b> <i>Bruce E. Lazar, V.P.</i> <b>4.21.08</b> <b>305 535-8118</b>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

ATTACHMENT

40078609

APRIL 18, 2008

ATTACHMENT TO DOCUMENT #

P 99000076876

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Directors and Officers

D/P

Alfredo Lowenstein

Salita Carlo Bossoli 3 - Apt 6

Lugano, Ticino 6900 SWITZERLAND

D/V

Diego Lowenstein

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

D/V

Paula Lowenstein-Boano

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

D/V

Flavia Lowenstein-Elortegui

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

D/V

Carla Lowenstein

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

V/S

Bruce E. Lazar

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

V

John W. Cooney

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139

AS

Judith L. Mathia

605 Lincoln Road – 5<sup>th</sup> Floor

Miami Beach, FL 33139