


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010352
1. Entity Name
270 ALHAMBRA HOLDINGS, LLC



Principal Place of Business 270 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	Mailing Address P.O. BOX 380758 MIAMI, FL 33238
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0688465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN L P.A.
120 EAST PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEPACH, BERNARD P.O. BOX 380758 MIAMI, FL 33238
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03/17/05-80083-001 50.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____