


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012230	
1. Entity Name ALHAMBRA CIRCLE INVESTMENTS, L.L.C.	

Principal Place of Business 3300 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 2631 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0446650	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

FIELDSTONE, RONALD
 201 ALHAMBRA CIRCLE, STE. 601
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

U00000441761
 03/03/06-80046-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHTAN, MICHAEL F 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERDYK, WILLIAM H JR 2631 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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11. 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 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:  **2/16/06** **305-446-2586**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #