## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT #L02000012230** 1. Entity Name 04-12-2004 90024 023 \*\*\*\*50.00 ALHÁMBRA CIRCLE INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 3300 PONCE DE LEON BLVD. 3300 PONCE DE LEON BLVD. **LYUJJUIU** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address 2631 Ponce de Leon Blrd. Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State 03-0446650 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired . 🗆 U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIELDSTONE, RONALD Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, STE, 601 CORAL GABLES, FL 33134 City 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 DATE ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Addition MGRM Change ☐ Delete TITLE TITLE Kerdyk, William H., Jr. 2631 Ponce de Leon Blvd NAME KASHTAN, MICHAEL F NAME 2631 3300 PONCÉ DE LEON BLVD STREET ADDRESS STREET ADDRESS Ē۷ Gables CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP 33/34 TIRLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Addition TITLE Delete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 11. I hereby certify that the information su indicated on this report is true and a limited liability company or the recei by signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the powered to execute this report as required by Chapter 608, Florida Statutes. 305-446-2586 SIGNATURE: \_\_\_\_\_

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED