


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 023 ****50.00

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 3300 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2631 Ponce de Leon Blvd. Suite, Apt. #, etc.			
City & State Suite, Apt. #, etc.		City & State Coral Gables FL		4. FEI Number 03-0446650	
Zip Country		Zip 33134		Country U.S.A	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHTAN, MICHAEL F 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kerdyk, William H., Jr. 2631 Ponce de Leon Blvd Coral Gables FL 33134
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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: _____				Date 4/8/04 Daytime Phone # 305-446-2586	