

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126589

**FILED**  
**Feb 21, 2008**  
**Secretary of State**

**Entity Name:** 251 ALHAMBRA, LLC

**Current Principal Place of Business:**

108 BLOOMFIELD AVE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

108 BLOOMFIELD AVE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 26-1637845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, ROBERT P  
8295 N. MILITARY TRAIL  
SUITE A  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSS, ROBERT P  
Address: 8295 N. MILITARY TRAIL, SUITE A  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HULETT, TIMOTHY M  
Address: 108 BLOOMFIELD DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGR ( ) Change (X) Addition  
Name: HULETT, ELIZABETH B  
Address: 108 BLOOMFIELD DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH B. HULETT

MGR

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date