


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000328 1. Entity Name ALHAMBRA VENTURES LIMITED PARTNERSHIP	
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Principal Place of Business 12000 BEACH BOULEVARD JACKSONVILLE FL 32246	Mailing Address 12000 BEACH BOULEVARD JACKSONVILLE FL 32246
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

5. Name and Address of Current Registered Agent BOOTH ENTERTAINMENT VENTURES LLC 12000 BEACH BOULEVARD JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$2,600,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BOOTH ENTERTAINMENT VENTURES LLC	CITY - ST - ZIP	
STREET ADDRESS	12000 BEACH BOULEVARD		
CITY - ST - ZIP	JACKSONVILLE FL 32246		
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **3/19/04 (904) 641-9307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE