2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 24, 2006 08:00 AN Secretary of State **BOCHMENT # A0100000328** ALHAMBRA VENTURES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 12000 BEACH BOULEVARD 12000 BEACH BOULEVARD JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 03282006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3707149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOOTH ENTERTAINMENT VENTURES LLC** DO NOT WRITE 12000 BEACH BOULEVARD JACKSONVILLE, FL 32246 IN THIS SPACE 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. Signoture typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. OCCUMENT# **BOOTH ENTERTAINMENT VENTURES LLC** NAME STREET ADDRESS 12000 BEACH BOULEVARD U00000531744 CITY-ST-ZIP JACKSONVILLE, FL 32246 05/06/06-80055-019 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME DO NOT WRITE STREET ADDRESS CRY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT A NAME STREET ACCRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7/P

rms tillog does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is true and a durate and that my or the receiver or trustee s

SIGNATURE:

SNATURE AND TYPED OR PR NERAL PARTNER Date