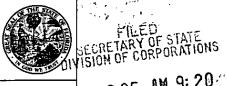
2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT #	A010	00000	0328

1. Entity Name
ALHAMBRA VENTURES LIMITED PARTNERSHIP

SIGNATURE:



M3/27

Principal Place of Business 12000 BEACH BOULEVARD JACKSONVILLE FL 32246		Mailing Address 12000 BEACH BOULEVARD JACKSONVILLE FL 32246		o;							
2. Principal Place of Business		3. Mailing Address					18/1 88/18/ 1/8/1 88 / 11/8/	11 00 111 00 111 00 1	#		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State			City & State				4. FEI Number	59-3707149		Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry		5. Certificate of	of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered Aç	gent	
ROOTH F	NTERTAINN	IENT VENTURES LLC	<i>منته</i> م ن من در منتخب الأسامة ا		Name						
BOOTH ENTERTAINMENT VENTURES LLC 12000 BEACH BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)							
JACKSON	VILLE FL 3	2246			,						
					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 .	Signature typed	or printed name of registered agent a	and title if annicable					**	DATE		
9. Capital Co	ntributions	\$2,600,000.00	10. Amount of Cap		butions #	0	00			O FL. DEPT. OF STATE FEE INFORMATION	
	Α	GENERAL PARTNER T	HAT IS A BUSINESS E	NTITY M	IUST BE RE	GIST	ERED AND A	CTIVE WITH TH	IS OFFICE.		
12.	NOTE	GENERAL PARTNER	Y NOT be changed on	tne form		ament	must be thec	ADDRESS CH			
DOCUMENT #	I	GENERAL FARTNER	, , , , , , , , , , , , , , , , , , ,					ABBITECO OFF	11025 57121		
NAME		NTERTAINMENT VENTU	RES LLC	STRI	EET ADDRESS			· ···			
STREET ADDRESS CITY-ST-ZIP	12000 BEACH BOULEVARD JACKSONVILLE FL 32246			CITY	r-ST-ZIP						
DOCUMENT #				STRI	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP		90	00145 0301063-	8314 -003 *	F9 *141.25	
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STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP			*///			
DOCUMENT #				STR	EET ADDRESS			· .			
NAME STREET ADORESS CITY-ST-ZIP				CITY	r-ST-ZIP						
14. I hereby of indicated the received	certify that th on this repover or trustee	e information supplied with rt is true and accurate and empowered to execute thi	this filing does not qualify for that my signature shall have s report as required by Cha	or the exe e the sa no pter 620,	emption stated e legal effect Florida Statute	d in Sec as if ma	tion 119.07(3)(i) ade under oath;), Florida Statutes. that I am a Genera	I further certif al Partner of th	fy that the information ne limited partnership or	

RISCHAED