

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**


FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001026

1. Entity Name
ALHAMBRA CENTER INTERNATIONAL, LTD.



Principal Place of Business Mailing Address
% LINDA LARREA, P.A. % LINDA LARREA, P.A.
2300 CORAL WAY, SUITE 111 2300 CORAL WAY, SUITE 111
MIAMI, FL 33145 MIAMI, FL 33145

2. Principal Place of Business 3. Mailing Address
150 Alhambra Circle 150 Alhambra Circle
Suite, Apt. #, etc. 925 Suite, Apt. #, etc.

City & State City & State
Coral Gables FL Coral Gables FL
Zip Country Zip Country
33134 Dade 33134 Dade



04192005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-1126176 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI, FL 33145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.

**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 CITY - ST - ZIP	P01000073982 PAN AMERICAN PARTNERS, INC. 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145	STREET ADDRESS CITY - ST - ZIP	150 Alhambra Circle suite 925 Coral Gables FL 33134
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STAPLE CHECK HERE

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:  4/27/05 205-856-0056
Date Daytime Phone #