
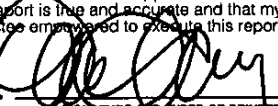


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000001026</b> 1. Entity Name ALHAMBRA CENTER INTERNATIONAL, LTD.					
Principal Place of Business % LINDA LARREA, P.A. 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145			Mailing Address % LINDA LARREA, P.A. 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145		
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. 925		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc.			
City & State Coral Gables FL Zip 33134 Country Dade		City & State Coral Gables FL Zip 33134 Country Dade		4. FEI Number 65-1126176 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04192005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P01000073982		STREET ADDRESS	150 Alhambra Circle suite 925	
NAME	PAN AMERICAN PARTNERS, INC.		CITY-ST-ZIP	Coral Gables FL 33134	
STREET ADDRESS	2300 CORAL WAY, SUITE 111		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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: 			4/27/05 205-856-0056 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE