

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

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A04000001625

1. Entity Name  
 ALHAMBRA LEJEUNE, LTD.



Principal Place of Business  
 121 ALHAMBRA PLAZA  
 SUITE 1600  
 CORAL GABLES, FL 33134

Mailing Address  
 121 ALHAMBRA PLAZA  
 SUITE 1600  
 CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-LP

CR2E003 (10/03)

4. FEI Number

☒ Applied For  
☐ 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

121 ALHAMBRA, INC.  
 121 ALHAMBRA PLAZA  
 SUITE 1600  
 CORAL GABLES, FL 33134

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

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

DATE

9. Capital Contributions as Shown on record \$1,000.00

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 # P98000037572  
 NAME 121 ALHAMBRA, INC.  
 STREET ADDRESS 121 ALHAMBRA PLAZA, SUITE 1600  
 CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

1000000208944

02/02/05-80014-018 141.25

DOCUMENT #  
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 CITY-ST-ZIP

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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)(f), 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:

*[Signature]*

YAZMIN GIL, TREASURER 1/8/05 305-443-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 121 ALHAMBRA, INC.

Daytime Phone #

STAPLE CHECK HERE