

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019019 AB

**DOCUMENT # A06870**

**1. Entity Name**  
ALHAMBRA ASSOCIATES, LTD.

FILED  
02 JAN 31 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
2 EATON ST., STE. 1100      2 EATON ST., STE. 1100  
HAMPTON VA 23669      HAMPTON VA 23669



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 23-2079712      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**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$1,200,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #** 588688  
**NAME** GREAT ATLANTIC PROPERTIES CORPORATION  
**STREET ADDRESS** 2 EATON STREET, SUITE 1100  
**CITY-ST-ZIP** HAMPTON VA 23669

**STREET ADDRESS** 100004850841--9  
**CITY-ST-ZIP** -01/31/02--01058--004  
\*\*\*\*676.25 \*\*\*\*526.25

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP** FF \$526.25

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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)(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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/02      757-896-3400  
Date      Daytime Phone #

CR2E003 (9/01)