

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
SEP 11 PM 3:21

1. Name of Limited Partnership		1a. DOCUMENT # A25936	
ALHAMBRA BUSINESS CENTER, LTD.			
Mailing Address	Principal Office Address		
4811 NW 79 AVE STE 5 MIAMI FL 33166	C/O JOHN W. HOOVER, JR 151 SOUTHWEST 27TH AVENUE MIAMI FL 33135		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



3. Date Form For Registered 02/12/1988	5a. Capital Contributions as Shown on record \$2,000.00
3a. Date of Last Report 10/14/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0072106	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent Office
STETTIN, HERBERT ONE BISCAYNE TOWER 250 BISCAYNE BLVD., SUITE 3270 MIAMI FL 33131	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
HOOVER JOHN W. JR.	2423 ALHAMBRA CIRCLE	CORAL GABLES FL	

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-02/02/89-01101-004
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 601, Florida Statutes.

SIGNATURE *[Signature]* DATE: 1-7-99
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)