


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25936		
1. Entity Name ALHAMBRA BUSINESS CENTER, LTD.		

Principal Place of Business 151 NW 79 AVE STE. #5 MIAMI, FL 33166	Mailing Address 4811 NW 79 AVE STE 5 MIAMI, FL 33166
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2. Principal Place of Business 4811 NW 79 AV Suite, Apt. #, etc. SUITE #5 City & State MIAMI, FL Zip 33166 Country USA	3. Mailing Address 4811 NW 79 AV Suite, Apt. #, etc. SUITE #5 City & State MIAMI, FL Zip 33166 Country USA
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03232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0072106	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRADFORD A. THOMAS 6161 BLUE LAGOON DRIVE SUITE 350 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$2,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	HOOVER JOHN W. JR.	STREET ADDRESS	
NAME	4811 NW 79 AVE #5	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33166		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100036278811
NAME		CITY - ST - ZIP	05/13/04--01083--021 ***141.25
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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)(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:  4/21/04 305 592-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE