

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008578 AT

**DOCUMENT # A30593**



FILED

03 APR -8 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**ALHAMBRA DEVELOPMENT GROUP, LTD.**

Principal Place of Business  
**5145 CITY STREET  
ORLANDO FL 32839**

Mailing Address  
**5145 CITY STREET  
ORLANDO FL 32839**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3032444**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SLATER, JOEL K  
5145 CITY STREET  
ORLANDO FL 32839**

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

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P97000106851</b>	STREET ADDRESS	
NAME	<b>CANSOUTH DEVELOPMENT CORP.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5145 CITY STREET</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>		
DOCUMENT #	<b>F17041</b>	STREET ADDRESS	
NAME	<b>D.S.A. OF MIAMI, INC.</b>	CITY-ST-ZIP	<b>000015475120</b>
STREET ADDRESS	<b>5145 CITY STREET</b>		<b>04/08/03--01067--026 **141.25</b>
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>		
DOCUMENT #		STREET ADDRESS	
NAME		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)(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*  
**Henry A Morton**

**3/3/03 407-851-6252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE