2000 UNIFORM BUSINESS REPORT (UBR)										·
DOCUMENT # A9200000274  1. Entity Name							,	eine (m. fin) (Galladiffe Ge)	din 1	
ALHAMBRA CENTER LIMITED							FILED			
Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY							00		AM 9: 2	
SUITE 200, CA MIAMI FL 3314	ANTELOP BLDG 45		SUITE 200, CANTELOP BLDG MIAMI FL 33145-3511			SECRETARY OF STATE  - TALLAHASJEL, FLORIDA  - TALLAHASJEL				
717 N.	ace of Business Bayshore	Drive	3. Mailing Address 1717 N. Bayshore Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS COACE				
Suite, Apt.  iuite 2 City & State	08	Suite 208 City & State				4. FEI Number 65-0378958 Applied For				
liami, Zip (3132	Florida Cou US	5A	Miami, Flor Zip 33132	da Cour US	•			Status Desired	Fe Fe	Not Applicable  8.75 Additional ee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
							& K PROPERTY MANAGEMENT INC. ss (P.O. Box Number is Not Acceptable) 717 No. BAYSHORE DRIVE			
MIAMI FL 33145						SUI	TE 208			<u>.</u>
City							MI		FL	Zip Code 33132
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.										1-00
SIGNATURE Signature, typed or printed name of registered agent by fulle if applicable.  LIDIA CARTAYA, VICE-PRES.  Signature required when reinstating)  DATE										
9. Capital Contributions as Shown on record.  465,500.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REG								SEE REVERSI	SIDE FOR	O DEPT. OF STATE FEE INFORMATION
	eral Partners MA				ier.					
12.	GENERAL PARTNER INFORMATION P92000010061			13.				ADDRESS CHAP	NGES ONLY	
STREET ADDRESS	INVESTMENTS (	OF AMERICA NO. AY, CANTELOP B	2, INC. LDG., STE. 200		EET ADORESS		717 No. BAYSHORE DRIVE, SUITE # 208			SUITE # 208
CITY-ST-ZIP DOCUMENT#	MIAMI FE 33143	<u></u>	<del></del>	STR	EET ADDRESS	[	MIAMI, FL	33132		
STREET ADDRESS CITY-ST-ZIP					/-ST-ZIP		2000032253526 -04/26/0001092003			
DOCUMENT# NAME STREET ADORESS					EET ADDRESS			****52	6.25	****\$28.25
CITY - ST - ZIP DOCUMENT #				-	-ST-ZIP EET ADDRESS					
NAME Street adoress City-St-Zip				СПУ	/-ST-ZIP			-04/26	1225 1/000	3526 1092004 *******8.75
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STREET ADDRESS CITY - ST - ZIP		- <del></del>			∕-ST-ZIP			District On the Control		
14. I hereby o	ertify that the inform	nation supplied with t	this filing does not qualify for	or the exe	emption state	ed in Se	ction 119.07(3)(i),	riorida Statutes. I f	urtner certif	y that the information

the receiver or trustee employment of courage and that my signature shall have the same legal effect as the receiver or trustee employment of execute this report as required by Chapter 620, Florida Statutes

BY STIDIA CARTAYA; VICEPRESIDENT, OF GENERAL PARTNERSHIP

(305) 854-1046 one \* 3/31/00