

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001561 AV

DOCUMENT # A92000000274

1. Entity Name
ALHAMBRA CENTER LIMITED



FILED

03 MAY -9 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134

Mailing Address
150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0378958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S & K PROPERTY MANAGEMENT, INC.
150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134

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 \$465,500.00
as Shown on record.

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P92000010061 INVESTMENTS OF AMERICA NO. 2, INC. 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	000018685610
		CITY-ST-ZIP	05/09/03--01097--031 **535.00
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		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/23/03

Date

Daytime Phone #

CR2E003 (10/02)