


# 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	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number <b>65-0378958</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **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. <b>\$465,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	P92000010061	STREET ADDRESS	
NAME	INVESTMENTS OF AMERICA NO. 2, INC.	CITY - ST - ZIP	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 800		
CITY - ST - ZIP	CORAL GABLES FL 33134		000018685610
DOCUMENT #		STREET ADDRESS	05/09/03--01097--031 **535.00
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 of Howard Porter      04/23/03      305 476-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK FICHE