


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000365	
1. Entity Name ALHAMBRA PROPERTY FUND, LTD.	

Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



02172004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0476921	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 BLUMBERG, PHILIP F 255 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134
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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

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 _____ <small>Signature, typed or printed name of registered agent and state if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$118,000.00	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 #	P94000021928	STREET ADDRESS	
NAME	ALHAMBRA PROPERTY FUND GP, INC.	CITY - ST - ZIP	
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 1100		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	000000159303
NAME		CITY - ST - ZIP	05/10/04-80022-021 526.25
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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: 	Philip F. Blumberg, Director 4-27-04 305.569.9500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone if</small>

STAPLE CHECK HERE