

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001022
 1. Entity Name
 121 ALHAMBRA, LTD.

FILED
 SLOPE COUNTY OF FLORIDA
 DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business: 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131
 Mailing Address: 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131-3014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **65-0837847** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, W. ALLEN
 1000 BRICKELL AVENUE, SUITE 1200
 MIAMI FL 33131

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO 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 | |
|---------------------------------|----------------------------------|
| DOCUMENT # | P98000037572 |
| NAME | 121 ALHAMBRA, INC. |
| STREET ADDRESS | 1000 BRICKELL AVENUE, SUITE 1200 |
| CITY - ST - ZIP | MIAMI FL 33131 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-----------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | 300003241578--0 |
| STREET ADDRESS | -05/05/00--01096--020 |
| CITY - ST - ZIP | ***141.25 ***141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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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: *Bill G. Davis* **BILL G. DAVIS** 4/18/2000 305-358-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 19/991