
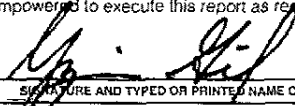


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001022					
1. Entity Name 121 ALHAMBRA, LTD.					
Principal Place of Business 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134			Mailing Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600 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 65-0837847	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P98000037572		STREET ADDRESS		
NAME	121 ALHAMBRA, INC.		CITY- ST- ZIP	100000208947 02/02/05-80014-021 141.25	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES, FL 33134		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 		YAZMIN GIL, TREASURER		1/13/05 305-443-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 121 ALHAMBRA, INC. Date Daytime Phone #</small>					



01052005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE