2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A98000001022

1. Entity Name 121 ALHAMBRA, LTD.



FILED Apr 30, 2007 08:00 A Secretary of State

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



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

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

RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

		III TIIIO OI AGE
	named entity submits this statement for the purpose of changing its reliions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and life if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000037572	
NAME	121 ALHAMBRA, INC.	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
DOCUMENT #		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT /		IN THIS SPACE

000000747657 05/17/07-80035-003 500.00

14. I hereby certify that the information suppried with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shallmave the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empoweres to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE;

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #