

2001 UNIFORM BUSINESS REPORT (UBR)

0004323 AF

DOCUMENT # A98000001980

1. Entity Name

355 ALHAMBRA, LTD.


Principal Place of Business	Mailing Address
TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134	TWO ALHAMBRA PLAZA, PENTHOUSE II CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134		Suite, Apt. #, etc. 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134	
Zip	Country	Zip	Country

FILED

01 APR 26 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0849901		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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	
BEFELER, HENRY 2 ALHAMBRA PLAZA, P.H. 2 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134 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. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000060972	STREET ADDRESS	355 Alhambra Plaza, Suite 900
NAME	355 ALHAMBRA CORP.	CITY-ST-ZIP	Coral Gables, Florida 33134
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE II		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: *355 Alhambra Corp.* *Kolleen O'Connell* *4/9/01* *305 520 2300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)