

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001405

1. Entity Name
355 ALHAMBRA PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

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

Mailing Address
TWO ALHAMBRA PLAZA, PENTHOUSE II
CORAL GABLES FL 33134-5202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-8602430		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEFELER, HENRY
C/O 355 ALHAMBRA CORP.
TWO ALHAMBRA PLAZA, PENTHOUSE II
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.

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

9. Capital Contributions as Shown on record. \$15,400,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$12,696,724 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000048534	STREET ADDRESS	
NAME	ST. JOE/ALHAMBRA MANAGEMENT COMPANY	CITY - ST - ZIP	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400 DUPONT CENTER		
CITY - ST - ZIP	JACKSONVILLE FL 32207		
DOCUMENT #	P98000060972	STREET ADDRESS	
NAME	355 ALHAMBRA, CORP.	CITY - ST - ZIP	
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE II		
CITY - ST - ZIP	MIAMI FL 33134		
DOCUMENT #		STREET ADDRESS	
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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: SIGNATURE REQUIRED 5/3/00 (305) 520-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)