

2001 UNIFORM BUSINESS REPORT (UBR)

0004307 AF

DOCUMENT # **A99000001405**

1. Entity Name

355 ALHAMBRA PLAZA, LTD.

Principal Place of Business

**TWO ALHAMBRA PLAZA, PENTHOUSE II
CORAL GABLES FL 33134**

Mailing Address

**TWO ALHAMBRA PLAZA, PENTHOUSE II
CORAL GABLES FL 33134**

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134**

3. Mailing Address

**355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134**

City & State

City & State

4. FEI Number

59-3602430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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)

**355 Alhambra Circle, 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

Signature, typed or printed name of registered agent and title if applicable.

(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.

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**
NAME **ST. JOE/ALHAMBRA MANAGEMENT COMPANY**
STREET ADDRESS **1650 PRUDENTIAL DR., STE 400 DUPONT CENTER**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P98000060972**
NAME **355 ALHAMBRA, CORP.**
STREET ADDRESS **TWO ALHAMBRA PLAZA, PENTHOUSE II**
CITY-ST-ZIP **MIAMI FL 33134**

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:

355 Alhambra Corp.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)