



2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 6, 2006

**FILED**  
**Aug 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001405</b> 1. Entity Name 355 ALHAMBRA PLAZA, LTD.	
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Principal Place of Business 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134	Mailing Address 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07132006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3602430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COBB, KOLLEEN 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	M05000003707	STREET ADDRESS	
NAME	ALHAMBRA GP LLC	CITY - ST - ZIP	
STREET ADDRESS	% 522 FIFTH AVENUE		
CITY - ST - ZIP	NEW YORK, NY 10036		
DOCUMENT #		STREET ADDRESS	U000000575022
NAME		CITY - ST - ZIP	08/22/06-80008-015 900.00
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 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 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:**  8/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE