

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A99000001405**

1. Entity Name  
**355 ALHAMBRA PLAZA, LTD.**



Principal Place of Business  
**355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES FL 33134**

Mailing Address  
**355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES FL 33134**

**FILED**  
**03 MAY -2 PM 7:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**  
**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

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**  
**355 ALHAMBRA CIRCLE, SUITE 900**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

9. Capital Contributions **\$15,400,000.00**  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 **355 ALHAMBRA CIRCLE, SUITE 900**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

CITY-ST-ZIP

**300017912733**

**05/02/03--01107--007 \*\*526.25**

DOCUMENT #  
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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: *By*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/17/03**

Date

**305-520-2300**

Daytime Phone #

CR2E003 (10/02)