


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # B04000000068	
1. Entity Name 220 ALHAMBRA CIRCLE LP	

Principal Place of Business 220 ALHAMBRA CIR, STE 600 CORAL GABLES, FL 33134	Mailing Address 220 ALHAMBRA CIR, STE 600 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 03-0540167	Applied For Not Applicable
Zip	Country	Zip	Country


 01182007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEAME, MILTON 2425 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	F04000000949 220 ALHAMBRA INVESTMENTS, INC. 1130 SHERBROOKE ST WEST, STE 300 MONTREAL, QUEBEC H3A 2M8,	STREET ADDRESS	
		CITY-ST-ZIP	U00000633231 02/21/07-60052-023 500.00
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		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Joseph Kracauer 2/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #