



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90016 021 ***150.00

DOCUMENT # F97000005653					
1. Entity Name YCP ALHAMBRA G.P., INC.					
Principal Place of Business 3424 PEACHTREE RD NE SUITE 800 ATLANTA, GA 30326 US			Mailing Address 3424 PEECHTREE RD NE SUITE 800 ATLANTA, GA 30326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 58-2349883	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME THOMAS, JOSEPH C JR. STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete		TITLE DP NAME CARROLL A. REDDIC, IV STREET ADDRESS 3424 PEACHTREE RD., NE CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME NEWMARK, DEBBIE J STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Delete		TITLE V NAME WILLIAM R. FORTH STREET ADDRESS 3424 PEACHTREE RD., NE CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARAG, JERROLD STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete		TITLE D NAME GRONNING, JEFFREY K STREET ADDRESS 1585 BROADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME MCKEAN, THOMAS A STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Delete		TITLE D NAME HARDMAN, JR., E. DAVISSON STREET ADDRESS 1585 BROADWAY CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MILLS, E NELSON STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME KESSELL, NICOLE STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP ATLANTA, GA 30326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Debbie J. Newmark</i>			Debbie J. Newmark 02/13/04 404-846-1300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		