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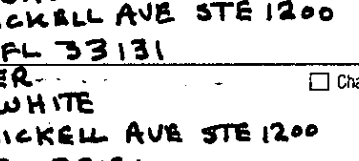
1. Entity Name  
**121 ALHAMBRA TOWER, L.L.C.**

2001 MAY -2 AM 11:37

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131		Mailing Address 1000 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 	
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>59-2447212</b>	
DAVIS, BILL G 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State		8000004326388-0 -05/29/01--01150--025 *****50.00 *****50.00	
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	W. ALLEN MORRIS	
STREET ADDRESS			STREET ADDRESS	1000 BRICKELL AVE STE 1200	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BILL G. DAVIS	
STREET ADDRESS			STREET ADDRESS	1000 BRICKELL AVE STE 1200	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAUL L. WHITE	
STREET ADDRESS			STREET ADDRESS	1000 BRICKELL AVE STE 1200	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	H. LELAND TAYLOR	
STREET ADDRESS			STREET ADDRESS	1000 BRICKELL AVE STE 1200	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DALE I. GRAHAM	
STREET ADDRESS			STREET ADDRESS	1000 BRICKELL AVE STE 1200	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**CR2E083 (11/00)**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Bill G. Davis BILL G. DAVIS 4/23/2001 305-358-1000