


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90169 021 \*\*\*\*50.00

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|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DOCUMENT # L00000011054  |  |   |  |         |  |
| 1. Entity Name<br>121 ALHAMBRA TOWER, L.L.C.   |  |   |  |  |  |
| Principal Place of Business<br>121 ALHAMBRA PLAZA<br>PENTHOUSE 1, SUITE 1600<br>CORAL GABLES, FL 33134   |  |   | Mailing Address<br>121 ALHAMBRA PLAZA<br>PENTHOUSE 1, SUITE 1600<br>CORAL GABLES, FL 33134 |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                               |  |  |  |
| City & State   |  | City & State                                      |  | 4. FEI Number<br>59-2447212  |  |
| Zip  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>RENTZ, R. LARRY<br>121 ALHAMBRA PLAZA<br>PENTHOUSE 1, SUITE 1600<br>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   |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |  |
| Filing Fee is \$50.00 Due by May 1, 2006   |  | Make check payable to Florida Department of State |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |
| NAME   | MORRIS, W. ALLEN                               | NAME  |  |  |  |
| STREET ADDRESS   | 121 ALHAMBRA PLAZA, PH I, SUITE 1600           | STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134                         | CITY-ST-ZIP                                       |  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |
| NAME   | GIL, YAZMIN                                    | NAME  |  |  |  |
| STREET ADDRESS   | 121 ALHAMBRA PLAZA, PH I, SUITE 1600           | STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134                         | CITY-ST-ZIP                                       |  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |
| NAME   | GRAHAM, DALE I                                 | NAME  |  |  |  |
| STREET ADDRESS   | 121 ALHAMBRA PLAZA, PH I, SUITE 1600           | STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134                         | CITY-ST-ZIP                                       |  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |
| NAME   | RENTZ, R. LARRY                                | NAME  |  |  |  |
| STREET ADDRESS   | 121 ALHAMBRA PLAZA, PH I, SUITE 1600           | STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134                         | CITY-ST-ZIP                                       |  |  |  |
| TITLE  | MGR <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |
| NAME   | WEST, MACDONALD                                | NAME  |  |  |  |
| STREET ADDRESS   | 121 ALHAMBRA PLAZA, PH I, SUITE 1600           | STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134                         | CITY-ST-ZIP                                       |  |  |  |
| 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                                       |  |  |  |
| 11. 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 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: <i>Yazmin Gil</i>   |  | Date: 1-27-06                                     |  | Daytime Phone #: 305-443-1000  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |  |  |  |