

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011450

1. Entity Name

COLL-ALHAMBRA, LLC

FILED

01 SEP 24 PM 12:17

Principal Place of Business

7270 W. LAGO DR.
CORAL GABLES FL 33143

Mailing Address

7270 W. LAGO DR.
CORAL GABLES FL 33143

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

7270 W LAGO DR

Suite, Apt. #, etc.

3. Mailing Address

7270 W LAGO DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL
33143

Country
None

City & State

Coral Gables FL
33143

Country
None

4. FEI Number 1042738
65-1044500

Applied For
Not Applicable

5. Certificate of Status Desired

Fee Required \$5.00

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., 28TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
President
STREET ADDRESS
5 Sander Colly
CITY-ST-ZIP
7270 W LAGO DR
Coral Gables FL 33143

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/7/01 305 727 104

000871

CR2E083 (5/01)

STAPLE CHECK HERE