FILED
03 MAY -2 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011450

1. Entity Name
COLL-ALHAMBRA, LLC

Principal Place of Business	Mailing Address
7270 W. LAGO DR. CORAL GABLES, FL 33143	7270 W. LAGO DR. CORAL GABLES, FL 33143

2. Principal Place of Business	3. Mailing Address
10840 Snapper Creek Rd	10840 Snapper Creek Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables, FL
Zip: 33156 Country	Zip: 33156 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1042738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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: Coll Sandra
Street Address (P.O. Box Number is Not Acceptable): 10840 Snapper Creek Road
City: Coral Gables FL Zip Code: 33156

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: Sandra Coll 4/28/03

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 Florida Department of State. Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLL, SANDRA 7270 W. LAGO DR. CORAL GABLES, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Coll, Sandra 10840 Snapper Creek Road Coral Gables, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (10/02)

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: Sandra Coll 4/28/03 (305) 722-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #