

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90030 017 ****50.00

DOCUMENT # L02000006252

1. Entity Name
**ALHAMBRA GRAND PARTNERS OF SOUTH FLORIDA,
LLC**



Principal Place of Business

**815 NW 57 AVE
STE 405
MIAMI, FL 33126**

Mailing Address

**815 NW 57 AVE
STE 405
MIAMI, FL 33126**

24003110



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0571317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES PATRICA O ESPINOSA PA
815 NW 57 AVE., STE 405
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON TRUST INVESTMENT 4501 FORD AVE., STE 102 ALEXANDRIA, VA 22301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEBECH GROUP SERVICES, INC <i>BEC GROUP Services</i> 815 NW 57 AVE., STE 405 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAIERRA, LLC 3727 SW 8 SHEER 102 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBAN CONCEPTS, LLC 200 BRICKELL AVE., STE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, MANUER 3960 WOOD AVE MIAMI, FL 331330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-8-04 305-266-7577