

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



01212005No Chg-LLC

CP2E083 (10/03)

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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

U00000203893
01/29/05-80049-004 50.00

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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)(f), 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:

Francisco A. Espinosa

1/25/05

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

Date

Daytime Phone #