## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 16, 2007 08:00 All Secretary of State DOCUMENT # L02000006252 ALHAMBRA GRAND PARTNERS OF SOUTH FLORIDA. LLC Principal Place of Business Mailing Address 815 NW 57 AVE 815 NW 57 AVE **STE 405** STE 405 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 02-0571317 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES PATRICA O ESPINOSA PA Street Address (P.O. Box Number is Not Acceptable) 815 NW 57 AVE., STE 405 MIAMI, FL 33126 City 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 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 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition RICHARDSON TRUST INVESTMENT NAME NAME STREET ADDRESS 4501 FORD AVE., STE 102 STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22301 CITY-ST-ZIP TITLE MGRM TITLE ☐ Change ☐ Addition ☐ Delete MEBECH GROUP SERVICES, INC NAME NAME STREET ADDRESS 815 NW 57 AVE., STE 405 STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33126 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAIERRA, LLC NAME NAME STREET ADDRESS 3727 SW 8 SHEER 102 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition URBAN CONCEPTS, LLC NAME NAME STREET ADDRESS 200 BRICKELL AVE., STE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TILE **MGRM** ☐ Delete ITTLE ☐ Change ☐ Addition DIAZ, MANUER NAME MAME STREET ADDRESS 3960 WOOD AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331330 CITY-ST-ZIP <del>ŬŨŨŨŨŨĨ</del>ŦŦŦ TITI F Delate TITLE 122 50 M 04/26/07--800245 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED** 

Jose A. Villegas Urban Concepto

SIGNATURE