

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006252

FILED
Apr 07, 2010
Secretary of State

Entity Name: ALHAMBRA GRAND PARTNERS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

9745 SW- 72TH. STREET
222
MIAMI, FL 33173

New Principal Place of Business:

7321 LOS PINOS BLVD
CORAL GABLES, FL 33143

Current Mailing Address:

9745 SW. 72TH. STREET
222
MIAMI, FL 33173

New Mailing Address:

7321 LOS PINOS BLVD
CORAL GABLES, FL 33143

FEI Number: 02-0571317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES PATRICA O ESPINOSA PA
232 ANDALUCIA AVE
SUITE NO: 370
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LAW OFFICES PATRICA O ESPINOSA PA
2263 S.W.- 37 TH AVE
MIAMI, FL 33145 US

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: PATRICIA O. ESPINOSA

04/07/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RICHARDSON TRUST INVESTMENT
Address: 4501 FORD AVE., STE 102
City-St-Zip: ALEXANDRIA, VA 22301

Title: MGRM
Name: BEC GROUP SERVICES, INC
Address: 9745 SW 72TH. STREET- SUITE # 222
City-St-Zip: MIAMI, FL 33173

Title: MGRM
Name: VALERIA, LLC
Address: 3727 SW 8 STREET ,SUITE # 102
City-St-Zip: MIAMI, FL 33134

Title: MGRM
Name: URBAN CONCEPTS, LLC
Address: 315 RIDGEWOOD RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM
Name: DIAZ, MANUEL
Address: 3960 WOOD AVE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BEC GROUP SERVICES INC.

MGRM

04/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date