

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90045 017 \*\*\*\*50.00

DOCUMENT # L02000006252

1. Entity Name

ALHAMBRA GRAND PARTNERS OF SOUTH FLORIDA, LLC



Principal Place of Business

7599 NW 7TH STREET  
MIAMI FL 33126

Mailing Address

7599 NW 7TH STREET  
MIAMI FL 33126

2. Principal Place of Business

815 NW 57 ave  
Suite, Apt. #, etc.  
SUITE 405

3. Mailing Address

815 NW 57 ave  
Suite, Apt. #, etc.  
SUITE 405

City & State  
Miami Florida

City & State  
Miami Florida

Zip  
33

Country  
USA

Zip  
33126

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

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

FIELDSTONE, RONALD  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
LAW OFFICES Patricia O. Espinosa P. A  
Street Address (P.O. Box Number is Not Acceptable)  
815 N.W 57 ave suite 405  
City  
Miami FL Zip Code  
33126

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 *Patricia O. Espinosa*

3/15/03

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

TITLE	managing member	<input type="checkbox"/> Delete
NAME	Ricardson Trust Investment.	
STREET ADDRESS	4561 Ford Ave suite 102	
CITY-ST-ZIP	Alexandria VA 22301	
TITLE	managing member	<input type="checkbox"/> Delete
NAME	me bed Group Services Inc.	
STREET ADDRESS	815 NW 57 ave suite 405	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	managing member	<input type="checkbox"/> Delete
NAME	Valera, LLC	
STREET ADDRESS	3727 SW 8 Street 102	
CITY-ST-ZIP	Coral Gable FL 33134	
TITLE	managing member	<input type="checkbox"/> Delete
NAME	Urban Concepts LLC	
STREET ADDRESS	1200 Brickell Ave suite 900	
CITY-ST-ZIP	Miami Florida 33131	
TITLE	managing member	<input type="checkbox"/> Delete
NAME	maribel Diaz	
STREET ADDRESS	3960 Wood Ave	
CITY-ST-ZIP	Miami FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/03

Date

Daytime Phone #

CR2E083 (10/02)