

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 28, 2004  
Secretary of State**

DOCUMENT# L02000007830

Entity Name: ALHAMBRA BEACH MOTEL LLC

**Current Principal Place of Business:**

3261 SPANISH RIVER DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3261 SPANISH RIVER DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33062

**New Mailing Address:**

FEI Number: 02-0575417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITOLLO, WILLIAM  
3261 SPANISH RIVER DRIVE  
LAUDERDALE-BY-THE-SEA, FL 33062      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: VITOLLO, WILLIAM  
Address: 3261 SPANISH RIVER DRIVE  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33062

Title: MGRM      ( ) Delete  
Name: WEBER, DANIEL  
Address: 3261 SPANISH RIVER DRIVE  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33062

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL WEBER

MGRM

02/28/2004

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