


- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000012230
 1. Entity Name
 ALHAMBRA CIRCLE INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
 3300 PONCE DE LEON BLVD. 2631 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0446650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIELDSTONE, RONALD
 201 ALHAMBRA CIRCLE, STE. 601
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHTAN, MICHAEL F 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERDYK, WILLIAM H JR 2631 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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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:  **Date:** 2/9/05 **Daytime Phone #:** 305-446-2586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #