

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025010

FILED
Feb 25, 2008
Secretary of State

Entity Name: ALHAMBRA MARKETING GROUP LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

13027 SAN JOSE STREET
CORAL GABLES, FL 33156

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

13027 SAN JOSE STREET
CORAL GABLES, FL 33156

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINA, GEORGE F
255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134 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/MANAGERS:

Title: MGR () Delete
Name: ALHAMBRA CONSULTING, GROUP, INC.
Address: 255 ALHAMBRA CIRCLE, SUITE 715
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALHAMBRA CONSULTING, GROUP, INC.
Address: 255 ALHAMBRA CIRCLE, SUITE 715
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: REYNOLDS, JOHN
Address: 13027 SAN JOSE STREET
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE F. VINA

MR.

02/25/2008

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