03-10-2004 90187 021 ****50.00
L02000030687
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 28 AM 10:46

LL 07/28/04

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030687

1. Entity Name
ALHAMBRA GRAND PARTNERS HOLDINGS, LLC

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

07062004 No Chg-LLC CR2E083 (10/03)

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 R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BEC GROUP SERVICES, INC.
STREET ADDRESS	815 NW 57 AVENUE, SUITE 405
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	P
NAME	URBAN CONCEPT
STREET ADDRESS	815 NW 57 AVENUE, SUITE 405
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7/6/04 305-266-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #