

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030687

1. Entity Name
ALHAMBRA GRAND PARTNERS HOLDINGS, LLC



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

Mailing Address
**201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**



01252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
URBAN CONCEPT
815 NW 57 AVENUE, SUITE 405
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

U00000474906
04/04/06-80041-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/16/06

Date

Daytime Phone # _____