


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 046 ****50.00

DOCUMENT # L03000011764	
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1. Entity Name
100 ALHAMBRA TOWER, L.L.C.

Principal Place of Business 3052 SW 27 AVE., #101 MIAMI, FL 33133	Mailing Address 3052 SW 27 AVE., #101 MIAMI, FL 33133
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24058976



2. Principal Place of Business		3. Mailing Address		01062004	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	76-0729868	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUESADA, G. FRANK ESQUIRE 1313 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134		Name <u>Pasquale Renzi</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>3052 SW 27th Avenue #101</u>	
		City <u>Miami</u> FL Zip Code <u>33133</u>	

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 *Pasquale Renzi* 4/26/04
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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <u>Holdings</u> RENZI DEVELOPERS, INC. 3052 SW 27 AVE., #101 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pasquale Renzi* 4/26/04 305 446 8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #