

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030478**

1. Entity Name  
4 ALHAMBRA, LLC



Principal Place of Business  
2630 SW 28TH ST  
SUITE 62  
COCONUT GROVE, FL 33133

Mailing Address  
2630 SW 28TH ST  
SUITE 62  
COCONUT GROVE, FL 33133



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
27-0112871

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DALEY, JILL  
2630 SW 28TH ST  
SUITE 62  
COCONUT GROVE, FL 33133

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

*Jill M. Daley*

(NOTE: Registered Agent signature required when reappointing)

1/10/08

DATE

**FILE NOW!!!- FEE IS \$138.75\***  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DALEY, JILL M.
STREET ADDRESS	2630 SW 28TH ST SUITE 62
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	ULLOA, TONY
STREET ADDRESS	2630 SW 28TH ST SUITE 62
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	ABERNETHAY, JOHN
STREET ADDRESS	2630 SW 28TH ST SUITE 62
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	DOUBLIER, RENE
STREET ADDRESS	2630 SW 28TH ST SUITE 62
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000785036  
01/16/08-80079-011 138.75

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/10/08

305-856-9200