2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
04-27-2005 90040 049 ****50.00

DOCUMENT # L04000069348

1. Entity Name
ALHAMBRA DEVELOPER PARTNERS, LLC

Principal Place of Business	Mailing Address
3052 SW 27 AVENUE, STE. 107 COCONUT GROVE, FL 33133	3052 SW 27 AVENUE, STE. 107 COCONUT GROVE, FL 33133

04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2200 SOUTH DIXIE HWY		2200 SOUTH DIXIE HWY	
Suite, Apt. #, etc. SUITE # 705		Suite, Apt. #, etc. SUITE # 705	
City & State COCONUT GROVE FL		City & State COCONUT GROVE, FL	
Zip 33133	Country DADE	Zip 33133	Country DADE

4. FEI Number 41-2152378 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, STE, 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) 4-15-05 DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Renzo Renzi 2200 S. Dixie Hway # 705 Miami, FL, 33133	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pasquale Renzi 2200 S. Dixie Hway #705 Miami, FL 33133	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 4/15/05 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #