


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000088374 1. Entity Name ALHAMBRA BUSINESS CENTER, LLC	
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Principal Place of Business 4811 NW 79 AVENUE, SUITE 5 MIAMI, FL 33166	Mailing Address 4811 NW 79 AVENUE, SUITE 5 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3428132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMAS, BRADFORD A
6161 BLUE LAGOON DRIVE, SUITE 350
MIAMI, FL 33126

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

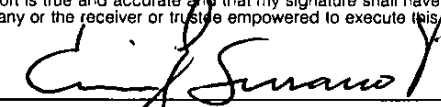
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, JOHN W JR. 4811 NW 79 AVENUE, SUITE 5 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERRANO, CESAR E 4811 NW 79 AVENUE, SUITE 5 MIAMI, FL 33166
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02/21/07-80016-003 50.00

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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:  1/11/07 305-592-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #