
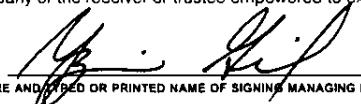


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000096469			
1. Entity Name ALHAMBRA LEGACY, LLC			
Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE I SUITE 1600 CORAL GBLES, FL 33134		Mailing Address 121 ALHAMBRA PLAZA PENTHOUSE I SUITE 1600 CORAL GBLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RENTZ, R. LARRY 121 ALHAMBRA PLAZA PENTHOUSE I SUITE 1600 CORAL GBLES, FL 33134		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	MORRIS, W. ALLEN		
STREET ADDRESS	121 ALHAMBRA PLAZA PENTHOUSE I		
CITY-ST-ZIP	CORAL GBLES, FL 33134		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	GIL, YAZMIN		
STREET ADDRESS	121 ALHAMBRA PLAZA PENTHOUSE I		
CITY-ST-ZIP	CORAL GBLES, FL 33134		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	GRAHAM, DALE I		
STREET ADDRESS	121 ALHAMBRA PLAZA PENTHOUSE I		
CITY-ST-ZIP	CORAL GBLES, FL 33134		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	RENTZM, R. LARRY I		
STREET ADDRESS	121 ALHAMBRA PLAZA PENTHOUSE I		
CITY-ST-ZIP	CORAL GBLES, FL 33134		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300112242243 11/13/07--01072--007 **50.00	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition ST	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2007	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date: 11-8-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	