


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 011 ***138.75

DOCUMENT # L06000096469

1. Entity Name
ALHAMBRA LEGACY, LLC



Principal Place of Business Mailing Address

**121 ALHAMBRA PLAZA PENTHOUSE I
 SUITE 1600
 CORAL GBLES, FL 33134**

**121 ALHAMBRA PLAZA PENTHOUSE I
 SUITE 1600
 CORAL GBLES, FL 33134**

50003640



01142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-1377735	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

**RENTZ, R. LARRY
 121 ALHAMBRA PLAZA PENTHOUSE I
 SUITE 1600
 CORAL GBLES, FL 33134**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, W. ALLEN 121 ALHAMBRA PLAZA PENTHOUSE I CORAL GBLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIL, YAZMIN 121 ALHAMBRA PLAZA PENTHOUSE I CORAL GBLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, DALE I 121 ALHAMBRA PLAZA PENTHOUSE I CORAL GBLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENTZM, R. LARRY I 121 ALHAMBRA PLAZA PENTHOUSE I CORAL GBLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Yazmin Gil* **1-17-07** **305-443-1000**

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