2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000098798

1. Entity Name

1151 ALHAMBRA INVESTMENT GROUP, LLC



Principal Place of Business

Mailing Address

5860 PARDISE POINT DRIVE PALMETTO BAY, FL 33157

5860 PARDISE POINT DRIVE PALMETTO BAY, FL 33157

FILED Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90236 015 ***138.75

DUUTADIO



03022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3944567

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.-Name and Address of Current Registered Agent

1151 ALHANBRA INVESTMENT GROUP, LLC 5860 PARADISE POINT DRIVE

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PALMETTO BAY, FL 33157			IN THIS SPACE		
8. The above the obligated SIGNATURE.	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered	office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstating)	DATE	
FILE	NOWIII FEE IS \$138.75 y 1, 2008 fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLORD, MARIA 5860 PARDISE POINT DRIVE PALMETTO BAY, FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PADRON, MARITZA 5860 PARDISE POINT DRIVE PALMETTO BAY, FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		DO NO	T 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Maria Stord 3/10/08 (305) 302-8993