

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003335**

1. Entity Name  
116 ALHAMBRA, L.L.C.



Principal Place of Business  
116 ALHAMBRA CIRCLE, SUITE J  
CORAL GABLES, FL 33134

Mailing Address  
116 ALHAMBRA CIRCLE, SUITE J  
CORAL GABLES, FL 33134



01132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0925410

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEAME, LAWRENCE  
116 ALHAMBRA CIRCLE, SUITE J  
CORAL GABLES, 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BEAME, LAWRENCE
STREET ADDRESS	13611 DEERING BAY DRIVE UNIT 504
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	MGRM
NAME	OLGA PIZZI GARCIA
STREET ADDRESS	5870 S.W. 85TH ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	MGRM
NAME	HERBERT, DAVID
STREET ADDRESS	5161 S.W. 21ST CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000009124  
01/20/04-80092-021 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-13-04**