

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003707

Entity Name: ALHAMBRA GP LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

245 PARK AVENUE, 2ND FLOOR  
ATTN: CYNDI QUINTERO  
NEW YORK, NY 10167 US

## Current Mailing Address:

P.O. BOX 5005  
ATTN: CYNDI QUINTERO  
NEW YORK, NY 10163 US

## New Principal Place of Business:

245 PARK AVENUE, 2ND FLOOR  
ATTN: ETHEL GAVRILOVA  
NEW YORK, NY 10167 US

## New Mailing Address:

P.O. BOX 5005  
ATTN: ETHEL GAVRILOVA  
NEW YORK, NY 10163 US

FEI Number: 20-5526513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JPMORGAN CHASE BANK, N.A.  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ETHEL GAVRILOVA

VP

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date