


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 30 AM 7:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # Z00107

TWO TWENTY ALHAMBRA, L.C.
3475 PRAIRIE AVE
MIAMI BEACH FL 33140

1a. Principal Place of Business Address

3475 PRAIRIE AVE
MIAMI BEACH FL 33140

2. Principal Place of Business
SAME
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
06/01/1989
3a. State of Formation
FL
4. FEI Number
65-0130088
 Applied For
 Not Applicable
5. Date of Last Report
02/08/1996
6. Certificate of Status Desired
 Additional Fee Required

7. Name and Address of Current Registered Agent

EDELSTEIN, EMANUEL
3475 PRAIRIE AVE
MIAMI BEACH FL 33140

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	EDELSTEIN, EMANUEL	3475 PRAIRIE AVE	MIAMI BCH FL
M	EDELSTEIN, KLARA	3475 PRAIRIE AVE	MIAMI BCH FL
M	KRACAUER, JOSEPH	1130 SHERBROOK ST	W MONTREAL QUEBEC CA

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-01/31/97-01001-004
***203.75 ***203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Emanuel Edelstein* 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

aw 2-30-97