LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 16 PM 1: 39				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 200107 TWO TWENTY ALHAMBRA, L.C. 3175 PRAJRIE AVE MIAMI BEACH FL 33140							1a. Principal Place of Business Address 220 Alhambra L.C. 220 Alhambra Circle Suite 600 Coral Gables, FL 33134				
•				2a. Mailing Address			3. Date Organiza	ed or Qualified	3a. Stat	e of Form	nation
220 Alhambra Circle Sulte, Apt. *, etc.			Same Suite, Apt. #, etc.				- 06/01/1989 FL				
Suite 600						4. FEI Number Applied For					
City & State			City & Stato			65-0130088 Not Appli			Not Applicable		
Cor	Coral Gables FL		Zip Counti			rv	5. Date of Last Report		6. Certificate of Status Desired		
_ 331	•	USA	1.7		COBIN	.,	01 (00 (1		SB 75 Add	litional Fe	e Requires
		Address of Current	Registered	d Agent	<u> </u>	8. 1	01/30/1 Name and Address	of New Regis	tered Age	nt/Office	· · · · · · · · · · · · · · · · · · ·
	City Coral C Florida Statutes, the above-named limited			liability company submits this statement for the purpose of changing tive vote of a majority of the members. I hereby accept the appointment							
(Registered Agent Accepting Appoint 10. Title Managing Members/Managers				Business Street Address			City, State and Zip Code				
MGRM MEM MGRM MEM	EDELSTEIN, KLARA			3475 PRAIRIE AVE 3475 PRAIRIE AVE 189 EATON CRESCENT 189 EATON CRESCENT				MIAMI BCH FL MIAMI BCH FL HAMPSTEAD, QUEBEC, CAN HAMPSTEAD, QUEBEC, CAN			
				an e			~4	00024614498 -03/19/9801004010 ****188.75 ****188.75			
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther 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:											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

Daytime Phone #