

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

98 MAR 16 PM 1:39

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> Z00107  TWO TWENTY ALHAMBRA, L.C. <del>3475 PRAIRIE AVE</del> <del>MIAMI BEACH FL 33140</del>
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1a. Principal Place of Business Address  220 Alhambra L.C. 220 Alhambra Circle Suite 600 Coral Gables, FL 33134
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2. Principal Place of Business 220 Alhambra Circle Suite, Apt. #, etc. Suite 600 City & State Coral Gables, FL Zip 33134 Country USA	2a. Mailing Address Same Suite, Apt. #, etc.  City & State  Zip  Country
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3. Date Organized or Qualified 06/01/1989	3a. State of Formation FL
4. FEI Number 65-0130088	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 01/30/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  EDELSTEIN, EMANUEL <del>3475 PRAIRIE AVE</del> <del>MIAMI BEACH FL 33140</del>
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8. Name and Address of New Registered Agent/Office Name EDELSTEIN, EMANUEL Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, Suite 600 Suite, Apt. #, etc.  City Coral Gables FL Zip Code 33134
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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
MGRM	EDELSTEIN, EMANUEL	3475 PRAIRIE AVE	MIAMI BCH FL
MEM	EDELSTEIN, KLARA	3475 PRAIRIE AVE	MIAMI BCH FL
MGRM	KRACAUER, JOSEPH	189 EATON CRESCENT	HAMPSTEAD, QUEBEC, CAN
MEM	KRACAUER, LEAH	189 EATON CRESCENT	HAMPSTEAD, QUEBEC, CAN

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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: E. EDELSTEIN 3/12/98 305-460-2022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #