


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90049 002 ****50.00

DOCUMENT # L00000000991	
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1. Entity Name
AMBERLEIGH, LLC

Principal Place of Business
**214 S. DILLARD ST
WINTER GARDEN, FL 34787**

Mailing Address
**PO BOX 108
WINDERMERE, FL 34786**

200000001



2. Principal Place of Business
7758 WALLACE ROAD

3. Mailing Address

Suite, Apt. #, etc.
Suite F

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32819

Country
USA

Zip

Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3621881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENN, RONALD E
214 S. DILLARD ST.
WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7758 WALLACE ROAD
Suite F
City **ORLANDO** **FL** Zip Code **32819**

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

MANAGING
MEMBER **Ronald E. Fenn**

DATE

1-5-06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FENN, RONALD 214 S. DILLARD STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	7758 WALLACE ROAD, Suite F ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* MANAGING MEMBER **Ronald E. Fenn** 1-5-06 407-352-8002

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

Date

Daytime Phone #