


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000001701
 1. Entity Name
AMBER, L.C.



Principal Place of Business
STATE ROAD 559
AUBURNDALE, FL 33823

Mailing Address
PO BOX 689
AUBURNDALE, FL 33823



07132006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0029242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROFOOT RIGNANESE, CYNTHIA
198 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

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

Filing Fee Is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEOLI, CARLOS PO BOX 689 AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEOLI, JUAN CARLOS PO BOX 689 AUBURNDALE, FL 33823
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 08/08/06-80005-014 50.00

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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]* **8-02-2006 863-965 0482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #