

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038073

FILED
Apr 28, 2006
Secretary of State

Entity Name: FOUR AMBASSADOR HOLDINGS, LLC

Current Principal Place of Business:

14211 COMMERCE WAY
SUITE 300
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14211 COMMERCE WAY
SUITE 300
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 04-3777400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARZANO, DANIEL
3301 N.E. 32 AVE. #502
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARZANO, DANIEL
Address: 3301 N.E. 32 AVENUE #502
City-St-Zip: FT. LAUDERDALE,, FL 33308

Title: MGRM () Delete
Name: COSCULLUELA, MICHAEL
Address: 15920 WEST PRESTWICK PLACE
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRGM () Change (X) Addition
Name: COSCULLUELA, JOHN
Address: 14211 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL MARZANO MRGM 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date