

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90056 002 ****50.00

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01062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000019281 1. Entity Name AMBASSADOR CAPITAL & MORTGAGE CO., LLC					
Principal Place of Business 5745 COLUMBIA CIRCLE WEST PALM BEACH, FL 33407			Mailing Address 5745 COLUMBIA CIRCLE WEST PALM BEACH, FL 33407		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 60 N.E. 104 Street Suite, Apt. #, etc.			
City & State		City & State Miami Shores FL		4. FEI Number APPLIED FOR 20-4043683	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAVELL, ERIK O 5745 COLUMBIA CIRCLE WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Leavell, Erik O. Street Address (P.O. Box Number is Not Acceptable) 8733 Oldham Way City West Palm Beach FL 33412	
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 Jan. 5, 2006 <small>Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAVELL, ERIK O 8733 OLDHAM WAY WEST PALM BEACH, FL 33412		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date Jan 5, 2006 561/424-0960		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					