2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 19, 2007 8:00 am Secretary of State **DOCUMENT # L04000019281** 01-19-2007 90064 018 ****50.00 AMBASSADOR CAPITAL & MORTGAGE CO., LLC Principal Place of Business Mailing Address **66056099 5745 COLUMBIA CIRCLE** 60 NE 104 ST WEST PALM BEACH, FL 33407 MIAMI, FL 33138 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4043683 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEAVELL, ERIK O DO NOT WRITE 8733 OLDHAM WAY WEST PALM BEACH, FL 33412 IN THIS SPACE 8. The above named en ement 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 reg SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE LEAVELL, ERIK O NAME STREET ADDRESS 8733 OLDHAM WAY CITY-ST-ZIP WEST PALM BEACH, FL 33412 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the receiver or trustre empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AN NG MEMBER. OR AUTHORIZED REPRESENTATIVE

FILED