2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
02-25-2005 90024 005 ****50.00

30002807

01032005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000051477

1. Entity Name
AMBRA SOLUTIONS, LLC

Principal Place of Business	Mailing Address
7711 MILITARY TRAIL N. PALM BEACH GARDENS, FL 33410	7711 MILITARY TRAIL N. PALM BEACH GARDENS, FL 33410

2. Principal Place of Business	3. Mailing Address
1401 FORUM WAY	1401 FORUM WAY
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State WEST PALM BEACH, FLORIDA	City & State WEST PALM BEACH, FLORIDA
Zip 33401 Country USA	Zip 33401 Country USA

4. FEI Number 20-1356693 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H ESQ
~~100 SE 2ND ST, 17TH FLOOR~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1395 BRICKELL AVE ; 14th FLOOR

City MIAMI FL Zip Code 33131-3302

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 JOHN H. FRIEDHOFF 2/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MONTGOMERIE, IAN F 8677 OLDHAM WAY WEST PALM BEACH, FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SENSINI, CELSO E 306 HAMMOCK POINT NORTH JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PAULO MARCIO EDLINGER MARIOTTO RUA GUAIANAZES, 76, TAUBATE, SP CEP 12. 070-130 BRAZIL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X I.F. MONTGOMERIE 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #