

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085747

FILED
Apr 23, 2005
Secretary of State

Entity Name: AMBROSE TRADING LLC

Current Principal Place of Business:

2 PENNSYLVANIA PLAZA, SUITE 1500
NEW YORK, NY 10121

New Principal Place of Business:

Current Mailing Address:

C/O UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 42-1665820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: MORROW, T J
Address: 2 PENNSYLVANIA PLAZA, SUITE 1500
City-St-Zip: NEW YORK, NY 10121

Title: MGR () Delete
Name: STOCK SOLUTIONS, INC, .
Address: 257 W. UWCHIAN AVE., SUITE 215
City-St-Zip: DOWNINGTOWN, PA 19335

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: MGR () Change (X) Addition
Name: SITZER, LEON C/O STL
Address: 2 PENNSYLVANIA PLAZA, SUITE 1500
City-St-Zip: NEW YORK, NY 10121

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TJ MORROW

MGRM

04/23/2005

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