


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042671		
1. Entity Name AMBAR, LLC		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10 ARAGON AVENUE #1016 CORAL GABLES, FL 33134 US	Mailing Address BLOCK B SECTION 4 HELVETIA COURT SOUTH ESPLANADE ST PETER PORT GUERNSEY, GB GY1 4-EE
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Bahamas Financial Centre P.O. Box N-3023 City & State Nassau, New Providence
City & State	City & State
Zip	Country
	Bahamas



08042006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURT ADMIN LTD. BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD GUERNSEY, GB GY1 4EE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Octagon Management Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bahamas Financial Centre, P.O. Box N3023 Nassau, Bahamas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROCK NOMINEES LTD BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD GUERNSEY, GB GY1 4EE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Triangle Administration Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bahamas Financial Centre, P.O. Box N-3023 Nassau, Bahamas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TENBY NOMINEES LTD BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD GUERNSEY, GB GY1 4EE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Circle Corporate Services Limited <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bahamas Financial Centre, P.O. Box N-3023 Nassau, Bahamas
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078633822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Antoinette Russell* DENISE TAYLOR *Antoinette Russell* DENISE TAYLOR 04 Aug. 2006 (242) 502-8079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED MEMBER: *Triangle Administration Limited* *Octagon Management Limited* Date Daytime Phone #

Director Director



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 07210000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REFERENCE : 299284

7545558

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 50.00

ORDER DATE : August 9, 2006

ORDER TIME : 10:12 AM

ORDER NO. : 299284-005

CUSTOMER NO: 7545558

[Signature]

ANNUAL REPORT FILING

NAME: AMBAR, LLC

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TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Kathy Drake* -EXT# 2959

EXAMINER'S INITIALS: _____