

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042671



1. Entity Name
AMBAR, LLC

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

2. Principal Place of Business

3. Mailing Address
Bahamas Financial Centre

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box N-3023

08042006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Nassau, New Providence

4. FEI Number
Applied For
Not Applicable

Zip

Country

Zip

Country
Bahamas

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM Delete
NAME COURT ADMIN LTD.
STREET ADDRESS BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD
CITY-ST-ZIP GUERNSEY, GB GY1 4EE

TITLE MGRM Change Addition
NAME Octagon Management Limited
STREET ADDRESS Bahamas Financial Centre, P.O. Box N3023
CITY-ST-ZIP Nassau, Bahamas

TITLE MGRM Delete
NAME BROCK NOMINEES LTD
STREET ADDRESS BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD
CITY-ST-ZIP GUERNSEY, GB GY1 4EE

TITLE MGRM Change Addition
NAME Triangle Administration Limited
STREET ADDRESS Bahamas Financial Centre, P.O. Box N-3023
CITY-ST-ZIP Nassau, Bahamas

TITLE MGRM Delete
NAME TENBY NOMINEES LTD
STREET ADDRESS BLOCK B SECTION 4 HELVETIA CT, S ESPLANAD
CITY-ST-ZIP GUERNSEY, GB GY1 4EE

TITLE MGRM Change Addition
NAME Circle Corporate Services Limited
STREET ADDRESS Bahamas Financial Centre, P.O. Box N-3023
CITY-ST-ZIP Nassau, Bahamas

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Denise Taylor* *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 A REPORTER FOR THIS REPORT

Date

Daytime Phone #

Director

Director

FILED

06 AUG - 9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

L05000042671

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. :

072100005432

REFERENCE :

299284

7545558

AUTHORIZATION :

Spud Selenas

COST LIMIT :

\$ 50.00

ORDER DATE : August 9, 2006

ORDER TIME : 10:12 AM

ORDER NO. : 299284-005

CUSTOMER NO: 7545558

DK

ANNUAL REPORT FILING

NAME: AMBAR, LLC

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06 AUG -9 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Kathy Drake* -EXT# 2959

EXAMINER'S INITIALS: _____