


2007 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 BAHAMAS FINANCIAL CENTRE P.O. BOX N-3023, NASSAU, NEW PROVIDENCE BAHAMAS, XX
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	

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 May 1, 2007	BK	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 OCTAGON MANAGMENT LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS, <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	MGRM TRIANGLE ADMINISTRATION LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS, <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	MGRM CIRCLE CORPORATE SERVICES LIMITED BAHHAMS FIN. CNTR., P.O. BOX N-3023 NASSAU, BAHAMAS, <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	<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
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: Triangle Administration Limited as Director 01 May 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
07 MAY -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200101226772



04122007	Chg-LLC	CR2E083 (12/06)
4. FEI Number APPLIED FOR		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required



CORPORATION SERVICE COMPANY

L05000042671

ACCOUNT NO. : 072100000032

REFERENCE : 879162 7545558

AUTHORIZATION :

COST LIMIT : \$ 50.00

FILED
07 MAY -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 2, 2007

ORDER TIME : 12:59 PM

ORDER NO. : 879162-005

CUSTOMER NO: 7545558

BK

ANNUAL REPORT FILING

RECEIVED
07 MAY -2 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: AMBAR, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

BK

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake-EXT#2959

EXAMINER'S INITIALS: _____