2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000042671

Entity Name: AMBAR, LLC

Current Principal Place of Business:

10 ARAGON AVENUE
#1016
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

BAHAMAS FINANCIAL CENTRE
P.O. BOX N-3023, NASSAU, NEW PROVIDENCE
BAHAMAS, XX

New Mailing Address:

BAHAMAS FINANCIAL CENTRE
P.O. BOX N-3023
NASSAU, NP BAHAMAS XX

FEI Number: 98-0568894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	OCTAGON MANAGMENT LIMITED	
Address:	BAHHAMS FIN. CNTR., P.O. BOX N-3023	
City-St-Zip:	NASSAU, BAHAMAS, XX	
Title:	MGRM	( ) Delete
Name:	TRIANGLE ADMINISTRATION LIMITED	
Address:	BAHHAMS FIN. CNTR., P.O. BOX N-3023	
City-St-Zip:	NASSAU, BAHAMAS, XX	
Title:	MGRM	( ) Delete
Name:	CIRCLE CORPORATE SERVICES LIMITED	
Address:	BAHHAMS FIN. CNTR., P.O. BOX N-3023	
City-St-Zip:	NASSAU, BAHAMAS, XX	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRIANGLE ADMINISTRATION LTD CO 04/23/2009

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