


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90038 035 \*\*\*\*50.00

<b>DOCUMENT # L05000057660</b>					
<b>1. Entity Name</b> AMBAYMA, L.L.C.					
<b>Principal Place of Business</b> 321 VIA TUSCANY LOOP LAKE MARY, FL 32746			<b>Mailing Address</b> 321 VIA TUSCANY LOOP LAKE MARY, FL 32746		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		<b>4. FEI Number</b> 20-3002686	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHUKLA, VINAYKUMAR 321 VIA TUSCANY LOOP LAKE MARY, FL 32746			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUKLA, VINAYKUMAR C 321 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUKLA, ALKABEN V 321 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUKLA, ALKABEN V 321 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUKLA, ALKABEN V 321 VIA TUSCANY LOOP LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>A. V. Shukla</i>			Date: <i>4-14-06</i> Daytime Phone #: <i>407 221-3517</i>		