

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091063

FILED
Feb 19, 2007
Secretary of State

Entity Name: AHIFO-I, LLC.

Current Principal Place of Business:

24 SOUTH RIVER STREET
WILKES-BARRE, PA 18702

New Principal Place of Business:

Current Mailing Address:

24 SOUTH RIVER STREET
WILKES-BARRE, PA 18702

New Mailing Address:

FEI Number: 20-3520522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIG, STEVEN C
3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133 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: AMBIT HIGH INCOME FU, ND I, LP.
Address: 24 SOUTH RIVER STREET
City-St-Zip: WILKES-BARRE, PA 18702

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: GP () Change (X) Addition
Name: AMBIT HIGH INCOME GP, I LLC
Address: 24 SOUTH RIVER STREET
City-St-Zip: WILKES BARRE, PA 18702

Title: MGRM () Change (X) Addition
Name: AMBIT FUNDING ADVISO, R I LLC
Address: 24 SOUTH RIVER STREET
City-St-Zip: WILKES BARRE, PA 18702

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M. LEZINSKI

MGRM

02/19/2007

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