

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117890

Entity Name: AHIFO-5, LLC.

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

24 SOUTH RIVER STREET  
WILKES-BARRE, PA 18072

**New Principal Place of Business:**

**Current Mailing Address:**

3250 MARY STREET  
SUITE 307  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 20-3939542

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

**ADDITIONS/CHANGES:**

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

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: AMBIT HIGH INCOME FUND I, LP.

MGRM

01/05/2007

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