

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013831

FILED  
May 01, 2008  
Secretary of State

Entity Name: AMBIT CAPE CORAL, 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: 20-4268074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MIAMI CENTER REGISTERED AGENTS, LLC  
201 SOUTH BISCAYNE BLVD.  
SUITE 1700  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

SAVAGE & ATCLASS, P.L.  
801 N.E. 167TH STREET  
SUITE 302  
NORTH MIAMI BEACH, FL 33162 US

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: JENA RISSMAN ATCLASS, ESQ.

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMBIT ORIGINATOR 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 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: THOMAS R. DANIELS

ATTY

05/01/2008

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