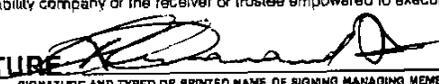


**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90082 026 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000072266</b> 1. Entity Name <b>AMAR LLC</b>			
Principal Place of Business <b>1001 BRICKELL BAY DRIVE, SUITE 3112                  MIAMI, FL 33131</b>		Mailing Address <b>1001 BRICKELL BAY DRIVE, SUITE 3112                  MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>GEORGE D. PERLMAN, P.A.                  1001 BRICKELL BAY DRIVE, SUITE 3112                  MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75                  After May 1, 2008 Fee will be \$338.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S <b>THANI, HIRANAND R</b> <b>1001 BRICKELL BAY DR STE 3112</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/MGR <b>THANI, HIRANAND R</b> <b>1001 BRICKELL BAY DRIVE, SUITE 3112</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Change] [Addition]
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Change] [Addition]
I, 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.			
SIGNATURE 		<b>HIRANAND R. THANI, Manager</b> 4-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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04042008 Chg-LLC CR2E083 (12/06)

4. FPI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required