2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L06000077504

Entity Name: AMBAMA, LLC

Current Principal Place of Business:

1300 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1300 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-5336677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE, FL 32256 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:	MGR	( ) Delete
Name:	PATEL, BHAVINI	
Address:	1300 NORTH PONCE DE LEON BOULEVARD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGR	( ) Delete
Name:	PATEL, JYOTSNA	
Address:	1300 NORTH PONCE DE LEON BOULEVARD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGRM	( ) Delete
Name:	KUVERJI, JITAN	
Address:	1300 NORTH PONCE DE LEON BOULEVARD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JYOTSNA PATEL MGRM 04/20/2007

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