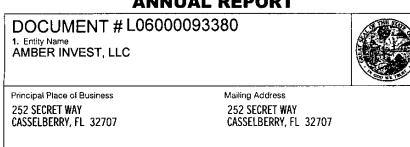
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90200 011 ****50.00

1. Entity Name AMBER INVEST, LLC								
Principal Place of Business		Mailing Address		60053240				
252 SECRET WAY CASSELBERRY, FL 32707		252 SECRET WAY CASSELBERRY, FL 32707						
2. Principal Place	of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number	59740	. —	pplied For ot Applicable	
Zíp -	Country	Zip	Country		f Status Desired	S5.00 Ad		
	6. Name and Address of Current R	egistered Agent	Name	7. Name and A	Address of New Re	gistered Agent		
AZEEM, SHANE 252 SECRET WAY CASSELBERRY, FL 32707				Street Address (P.O. Box Number is Not Acceptable)				
	n.		City			FL Zip Coo	ie	
	ned entity submits this statement for of registered agent.	the purpose of changing its re	gistered office or register	red agent, or both	, in the State of Flor	rida. I am familiar with	, and accept	
SIGNATURESigna	ature, typed or printed name of registered agent ar	d title if applicable. (NOTE; F	Registered Agent signature required	d when reinstating)		DATE		
	g Fee is \$50.00 by May 1, 2007					check payable to Department of Sta	te .	
9	MANAGING MEMBER	I RS/MANAGERS	10.	L	ADDITIONS/	CHANGES		
NAME AZ STREET ADDRESS 25	GRM ZEEM, SHANE 22 SECRET WAY ASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE MO NAME AZ STREET ADDRESS 25	GRM ZEEM, KHADEJA 2 SECRET WAY ASSELBERRY, FL 32707	☐ 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	
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 CHTY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated on	ify that the information supplied with this report is true and accurate and t y company or the receiver or trustee	hat my signature shall have th	e same legal effect as if r	made under oath;	that I am a manag	rther certify that the inf ing member or manag	ormation er of the	
SIGNATURE: Share & Same								