

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019170

Entity Name: AHIFO-17, LLC.

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

24 SOUTH RIVER STREET
WILKES-BARRE, PA 18702

New Principal Place of Business:

24 SOUTH RIVER STREET
WILKES-BARRE, PA 18702

Current Mailing Address:

3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133

New Mailing Address:

24 SOUTH RIVER STREET
WILKES-BARRE, PA 18702

FEI Number: 20-8523800 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:

CRONIG, STEVEN C
3250 MARY STREET
SUITE 307
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ATLASS, JENA R
801 NE 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 ATLASS

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMBIT ORIGINATOR 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

07/14/2008

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