

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-28-2008 90075 014 ***138.75

DOCUMENT # L07000065743					
1. Entity Name AMBE HOTELS, LLC					
Principal Place of Business 8618 GREAT COVE DRIVE ORLANDO, FL 32819			Mailing Address 8618 GREAT COVE DRIVE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 1330 Saxon Blvd		3. Mailing Address 3700 34th			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORANGE CITY FL		City & State Orlando		File Number 59-2572615	
Zip 32763		Country FL		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32763		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, JAGDISH 8618 GREAT COVE DRIVE ORLANDO, FL 32819			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 3700 34th St		
			Suite 200		
			City Orlando		
			FL Zip Code 32865		
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 transferring)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME SINGH, JAGDISH		TITLE 3700 34th St Suite 200	NAME Orlando FL 32805	
STREET ADDRESS 8618 GREAT COVE DRIVE	CITY - ST - ZIP ORLANDO, FL 32819		STREET ADDRESS 3700 34th St Suite 200	CITY - ST - ZIP Orlando FL 32805	
CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		TITLE NAME	STREET ADDRESS CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
11. 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: <i>[Signature]</i>			1/21/08 (407) 481-0167		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		