

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90403 037 \*\*\*138.75

DOCUMENT # L07000104810  
 1. Entity Name  
 AMBASSADOR NATIONWIDE SERVICES, LLC



Principal Place of Business      Mailing Address  
 2900 TUXEDO AVENUE              2900 TUXEDO AVENUE  
 WEST PALM BEACH, FL 33405      WEST PALM BEACH, FL 33405

60012014



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 12011 SW PINEAPPLE CT

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 PALM CITY, FL

Zip      Country      Zip      Country  
 34990

02252008      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
 77-0701904      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, STEVEN R 2900 TUXEDO AVENUE WEST PALM BEACH, FL 33405	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City      FL      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      DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LEWIS, STEVEN REED 12011 SW PINEAPPLE COURT PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LEWIS, STEVEN KEITH 3761 COQUINA COVE WAY APT. 106 PALM CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: STEVEN LEWIS      02/29/08      561-683-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #