

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071352

Entity Name: AMBER SUN INVEST, L.L.C.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

583 NW WAVERLY CIRCLE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

583 NW WAVERLY CIRCLE  
SUITE 700  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

583 NW WAVERLY CIRCLE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

583 NW WAVERLY CIRCLE  
SUITE 700  
PORT ST LUCIE, FL 34983

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREDERIC BARTHE PA  
ONE E. BROWARD BLVD.  
700  
FORT LAUDERDALE, FL 33301 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: MGRM  
Name: LEBLANC-MORINIERE, CHARLES  
Address: 583 NW WAVERLY CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby 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: LEBLANC-MORINIERE, CHARLES

MGRM

04/15/2011

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