## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000090031

Name:

Address:

City-St-Zip:

Entity Name: AMBAR PROPERTIES, LLC

FILED Mar 02, 2009 Secretary of State

17070 COLLINS AVENUE, SUITE 256

SUNNY ISLES, FL 33160 US

**Current Principal Place of Business: New Principal Place of Business:** 1776 N PINE ISLAND ROAD SUITE 316 PLANTATION, FL 33322 **Current Mailing Address: New Mailing Address:** 1776 N PINE ISLAND ROAD SUITE 316 PLANTATION, FL 33322 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOUTOULAS & RELIS, LLC 1776 N PINE ISLAND ROAD SUITE 316 PLANTATION, FL 33322 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DIVESTMENT ZONE INC. Name: Name: Address: 23/F GREAT EAGLE CENTRE 23 HARBOR RD Address: City-St-Zip: WANCHAI, HONG KONG, City-St-Zip: Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: COHEN, LIOR Address: Address: 17070 COLLINS AVENUE, SUITE 256 City-St-Zip: City-St-Zip: SUNNY ISLES, FL 33160 US Title: () Delete Title: MGR ( ) Change (X) Addition Name: AVITAL, ITAY

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.

Address:

City-St-Zip:

SIGNATURE: LIOR COHEN 03/02/2009