

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090031

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: AMBAR PROPERTIES, LLC

**Current Principal Place of Business:**

1776 N PINE ISLAND ROAD  
SUITE 316  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1776 N PINE ISLAND ROAD  
SUITE 316  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

KOUTOULAS & RELIS, LLC  
1776 N PINE ISLAND ROAD  
SUITE 316  
PLANTATION, FL 33322 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 ( ) Delete  
Name: DIVESTMENT ZONE INC.,  
Address: 23/F GREAT EAGLE CENTRE 23 HARBOR RD  
City-St-Zip: WANCHAI, HONG KONG,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: COHEN, LIOR  
Address: 17070 COLLINS AVENUE, SUITE 256  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGR ( ) Change (X) Addition  
Name: AVITAL, ITAY  
Address: 17070 COLLINS AVENUE, SUITE 256  
City-St-Zip: SUNNY ISLES, FL 33160 US

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: LIOR COHEN

MGR

03/02/2009

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