2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L99000001750

Entity Name: AMBASSADOR NORTH APTS., L.L.C.

Current Principal Place of Business:

11 CENTRAL AVENUE
52
ST. PETERSBURG, FL 33733

New Principal Place of Business:

11 CENTRAL AVENUE
54
ST. PETERSBURG, FL 33701

Current Mailing Address:

P. O. BOX 11077
ST. PETERSBURG, FL 33701

New Mailing Address:

P. O. BOX 11077
ST. PETERSBURG, FL 33733

FEI Number: 59-3571197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EASTON, STEVEN K
11 CENTRAL AVENUE
52
ST. PETERSBURG, FL 33733 US

Name and Address of New Registered Agent:

EASTON, STEVEN K
11 CENTRAL AVENUE
54
ST. PETERSBURG, FL 33701 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: _____ 01/04/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EASTON, STEVEN K
Address: 11 CENTRAL AVENUE # 52
City-St-Zip: ST. PETERSBURG, FL 33733

Title: MGR ( ) Delete
Name: EISENSTADT, DEBORAH
Address: 13605 TWIN LAKES LN
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EASTON, STEVEN K
Address: 11 CENTRAL AVENUE # 54
City-St-Zip: ST. PETERSBURG, FL 33701

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN K. EASTON MGR 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date