SOME I INSTER STABILITY COMPANY

FILED AM te

| ANNUAL REPORT | | | | Aug 05, 2005 08:00 Secretary of Stat | |
|---|--|--|-------------------------------|--|----|
| DOCUI 1. Entity Nam AMBATH | | 001661 | | Secretary of Sta | L |
| Principal Place 1055 S. COU MESA, AZ 85 | INTRY CLUB DRIVE | Mailing Address 1055 S. COUNTRY CLUB DRIVE MESA, AZ 85210 | | | |
| <u> </u> | | | | | |
| | O NOT WEI | TE IN THIS SPAC | CE. | 08012005 No Chg-LLC | |
| DO NOT WHITE IN THIS STA | | | V L. | 4. FEI Number Applied For Not Applicable 26-0025575 Not Applicable | ļę |
| | 774 | | <u> </u> | 5. Certificate of Status Desired \$5.00 Additional Fee Required | _ |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | ° د تنځه د <u>مخموم پر پو</u> | DO NOT WRITE IN THIS SPACE | |
| , | , <u>, , , , , , , , , , , , , , , , , , </u> | <u> </u> | | 4.0 | |
| the obligation | ions of registered agent. Signature, typed or printed name of registere | and the second s | d Agent signature required | ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstaling) DATE | - |
| Due b | ling Fee is \$50.00 by September 7, 2005 | | | and the same of th | |
| 9. | | EMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P SANDERS, DAVID G 1055 S. COUNTRY CLUB D MESA, AZ 85210 | PRIVE | | U00000375766 08/05/05-80009-016 50.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | and the second s | | and the first and the first of the first of | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <u> </u> | DO NOT WRITE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME | | | | | |

40 070 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 trusted employee d to secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

480-844-2596 Dete