

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000150

FILED  
Jul 11, 2005  
Secretary of State

**Entity Name:** AMBER FINANCIAL GROUP LLC

**Current Principal Place of Business:**

11415 WEST BERNARDO CT  
SAN DIEGO, CA 92127

**New Principal Place of Business:**

**Current Mailing Address:**

11415 WEST BERNARDO CT  
SAN DIEGO, CA 92127

**New Mailing Address:**

FEI Number: 99-0354301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COMPLIANCE CONSULTING CORP OF FLORIDA  
521 LAKE AVE, STE 4  
LAKE WORTH, FL 33460      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:**

Title: MGR      ( ) Delete  
Name: KOZAR, JULIAN  
Address: 11415 WEST BERNARDO CT  
City-St-Zip: SAN DIEGO, CA 92127

Title: MGR      ( ) Delete  
Name: PAPAGEORGE, TRENA  
Address: 11415 WEST BERNARDO CT  
City-St-Zip: SAN DIEGO, CA 92127

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: JULIAN P KOZAR

VP

07/11/2005

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