2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 02, 2004 8:00 am **Secretary of State DOCUMENT # L00000000546** 02-02-2004 90209 012 ****50.00 EMBASSY GROUP, L.L.C. Mailing Address Principal Place of Business P.O. BOX 622903 12601 COUNTY RD 545 WINTER GARDEN, FL 34787 OVIEDO, FL 32762 01272004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3617249 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORDAN, LARRY DO NOT WRITE 223 STRATFORD DR WINTER SPRINGS, FL 32708 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR JORDAN, LARRY NAME STREET ADDRESS 223 STRATFORD DR WINTER SPRINGS, FL 32708 C!TY-ST-ZIP CANTERO: CARLOS NAME 12601 SR 545 STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_ST_ZIP .. NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED