

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000000546

Entity Name: EMBASSY GROUP, L.L.C.

**FILED**  
**May 18, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 622903  
OVIEDO, FL 32762

**New Principal Place of Business:**

12601 AVALON ROAD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P.O. BOX 622903  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 59-3617249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JORDAN, LARRY  
655 WESTER MORSE BLVD  
212  
WINTER PARK, FL 32789 US

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

CLARK, SCOTT D  
655 WEST MORSE BLVD  
212  
WINTER PARK, FL 32789 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: SCOTT D. CLARK

05/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JORDAN, LARRY  
Address: P.O. BOX 622903  
City-St-Zip: OVIEDO, FL 32762 US

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

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: BEELER, DAVID L  
Address: 3511 N. PINE HILLS ROAD  
City-St-Zip: ORLANDO, FL 32808

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: LARRY JORDAN

MGR

05/18/2007

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