

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001974

Entity Name: EMBASSY VENTURES, LLC

FILED  
Jan 26, 2004  
Secretary of State

## Current Principal Place of Business:

303 S. LAUREL AVE.  
SANFORD, FL 32771

## New Principal Place of Business:

12601 COUNTY ROAD 545  
WINTER GARDEN, FL 34787

## Current Mailing Address:

303 S. LAUREL AVE.  
SANFORD, FL 32771

## New Mailing Address:

P.O. 622903  
OVIEDO, FL 32762

FEI Number: 59-3626561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete  
Name: EMBASSY CUSOM HOMES,, INC.  
Address: 229 HANGING MOSS DRIVE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM (X) Delete  
Name: HIGH AND LOW ELECTRI, C, INC.  
Address: 303 S. LAUREL AVE.  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: EMBASSY CUSOM HOMES,, INC.  
Address: 12601 COUNTY ROAD 545  
City-St-Zip: WINTER GARDEN, FL 34787 US

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: EMBASSY CUSTOM HOMES, INC.

MGRM

01/26/2004

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