

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 048 ****50.00

DOCUMENT # L00000015131

1. Entity Name
EMBASSY INVESTMENT VI, LLC



Principal Place of Business
**CASTILLO ROYALE
530 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080**

Mailing Address
**444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118**

20034727



2. Principal Place of Business

Castillo Real

3. Mailing Address

Suite, Apt. #, etc.

01062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

59-3698122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BHoola, MANOJ
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
BHoola, MANOJ A
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
ASHOJI, FARID
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY ST ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

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

1/23/06

Date

255-2577

Driving Phone #