

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90202 024 ****50.00

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03052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000015131 1. Entity Name EMBASSY INVESTMENT VI, LLC			
Principal Place of Business CASTILLO REAL 530 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080		Mailing Address 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	
2. Principal Place of Business - No P.O. Box # 530 A1A Beach Blvd.		3. Mailing Address 45 Seton Trail	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine Beach, FL		City & State Ormond Beach FL	
Zip 32080		Zip 32176	
Country 		Country 	
4. FEI Number 59-3698122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Bhoola, Manoj Street Address (P.O. Box Number is Not Acceptable) 45 Seton Trail City Ormond Beach FL Zip Code 32176	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee Is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHoola, MANOJ A 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoola, Manoj A. 45 Seton Trail Ormond Beach, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHDJI, FARID 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ashdji, Farid 45 Seton Trail Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	