

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-24-2006 90056 006 \*\*\*\*50.00

**DOCUMENT # L04000071429**

1. Entity Name  
**EMBASSY INVESTMENTS IX, LLC**



40058444



03242006 Chg-LLC CR2E083 (11/05)

Principal Place of Business  
**444 SEABREEZE BLVD., SUITE 200  
 DAYTONA BEACH, FL 32118**

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

2. Principal Place of Business  
**1125 Airport Road**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Melbourne FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**32901**

Country

4. FEI Number  
**20-1702722**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BHOOLA, MOHAN  
 444 SEABREEZE BLVD., SUITE 200  
 DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name  
**Manoj Bhoola**

Street Address (P.O. Box Number is Not Acceptable)  
**444 Seabreeze Blvd, Suite 200**

City  
**Daytona Beach**

FL

Zip Code  
**32118**

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, TARANG 555 W GRANADA BLVD., SUITE G12 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Manoj Bhoola 444 Seabreeze Blvd, Suite 200 Daytona Beach FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Snehal Bhoola 444 Seabreeze Blvd. Suite 200 Daytona Beach FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: T. R. Gay Date: 4-21-06 Daytime Phone #: 386-672-1232