

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3.


30003571



03052007 Chg.-LLC CR2E083 (12/06)

DOCUMENT # L04000071429 1. Entity Name EMBASSY INVESTMENTS IX, LLC			
Principal Place of Business 1125 AIRPORT ROAD MELBOURNE, FL 32901		Mailing Address 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 45 Seton Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ormond Beach	
Zip		Zip 32176	
Country		Country	
4. FEI Number 20-1702722		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 MANOJ, BHOOLA 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Bhoolq, 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 renouncing) _____ 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 MGRM	NAME BHOOLA, MANOJ	<input type="checkbox"/> Delete	TITLE MGRM
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Bhoolq, MANOJ
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 45 Seton Trail
CITY-ST-ZIP DAYTONA BEACH, FL 32118	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Ormond Beach, FL 32176
TITLE MGRM	NAME PATEL, TARANG	<input type="checkbox"/> Delete	TITLE MGRM
STREET ADDRESS 555 W GRANADA BLVD., SUITE G12	CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Patel, TARANG
STREET ADDRESS 555 W GRANADA BLVD., SUITE G12	CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 45 Seton Trail
CITY-ST-ZIP ORMOND BEACH, FL 32174	CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Ormond Beach, FL 32176
TITLE MGRM	NAME SNEHAL, BHOOLA	<input type="checkbox"/> Delete	TITLE MGRM
STREET ADDRESS 444 SEABREEZE BLVD. SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Bhoolq, Snehal
STREET ADDRESS 444 SEABREEZE BLVD. SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 45 Seton Trail
CITY-ST-ZIP DAYTONA BEACH, FL 32118	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Ormond Beach, FL 32176
TITLE MGRM	NAME SNEHAL, BHOOLA	<input type="checkbox"/> Delete	TITLE MGRM
STREET ADDRESS 444 SEABREEZE BLVD. SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SNEHAL, BHOOLA
STREET ADDRESS 444 SEABREEZE BLVD. SUITE 200	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 45 Seton Trail
CITY-ST-ZIP DAYTONA BEACH, FL 32118	CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP Ormond Beach, FL 32176
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) _____			
Date _____		Daytona Phone # _____	

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000071429	
1. Entity Name EMBASSY INVESTMENTS IX, LLC	

Principal Place of Business 1125 AIRPORT ROAD MELBOURNE, FL 32901	Mailing Address 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118
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ATTACHMENT
30003571

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC CR2E083 (11/05)


4. FEI Number 20-1702722	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

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

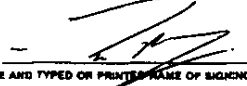
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, TARANG 555 W GRANADA BLVD., SUITE G12 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNEHAL, BHOOLA 444 SEABREEZE BLVD. SUITE 200 DAYTONA BEACH, FL 32118
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE:  Date: _____ Daytime Phone #: _____

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