2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000071430 1. Entity Name EMBASSY INVESTMENTS X, LLC					04-24-2006	90036 004 ******3	0.00	
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 4335 Williamstown Aud Suite, Apt. #, etc. Suite, Apt. #, etc.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03242006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb		 	plied For t Applicable	
Zip Country Zip 33810-3733			Country	5. Certificate	of Status Desired	□ \$5.00 Add		
5 7010	6. Name and Address of Current R	Registered Agent		7. Name and	Address of New R	egistered Agent		
BHOOL A	MOHAN		Name	Mano B	hoola			
BHOOLA, MOHAN 444 SEABREEZE BLVD., SUITE 200			Street A	Street Address (P.O. Box Number is Not Acceptable)				
DATIONA	BEACH, FL 32118		3	11:te 200				
		•	City	b. to	seach	FL Zip Cod	ร็กษ	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or bo			and accept	
	ions of registered agent.							
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signat.	ire required when reinstating)		DATE		
Fi	Signature, typed or printed name of registered agent and signature in \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE: f	Registered Agent signat.	re required when reinstating)		e check payable to Department of State	•	
Fi	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEF	RS/MANAGERS	Registered Agent signat.	re required when reinstating)		e check payable to Department of State)	
9.	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		10. TITLE	re required when reinstating)	Florida	e check payable to Department of State	Addition	
Fi Do	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEF	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	re required when reinstating)	Florida	e check payable to Department of State		
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

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