2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032387

1. Entity Name
QUISQUEYA ESTATE EMBASSY LLC



FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

9130 LEDGESTONE LANE PORT RICHEY, FL 34668 Mailing Address

1055 PALAMA WAY LANTANA, FL 33462



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0894310

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

ALJURE-GARCIA, AGUSTIN 1055 PALAMA WAY LANTANA, FL 33462

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

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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALJURE-GARCIA, AGUSTIN 1055 PALAMA WAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALJURE, LIJANNA 1055 PALAMA WAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
-TITLE NAME - STREET ADDRESS CITY-ST-ZIP	

U00000695356 04/17/07-80056-023 50.00

DO NOT WRITE IN THIS SPACE

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 facculate 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 requires empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PEND

MANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03.22.07

(954)464674

Daytime Phone #