


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90253 001 ***100.00

DOCUMENT # L06000039416					
1. Entity Name EMBASSY INVESTMENTS XII, LLC					
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 - No P.O. Box # 45 Seton Trail		3. Mailing Address 45 Seton Trail			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ormond Beach FL		City & State Ormond Beach FL		4. FEI Number 20-4722292	
Zip 32176		Country 		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 BROCK, JEFFREY P ESQ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Bhoda, MANDI 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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