2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90042 049 ****50.00

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1. Entity Name
EMBASSY INVESTMENT, IV, LLC

Principal Place of Business	Mailing Address
13503 RANCH ROAD JACKSONVILLE, FL 32218	444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118

01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	444 Seabreeze Blvd Suite200 Suite, Apt. #, etc.
City & State	City & State: Daytona Beach FL
Zip / Country	Zip: 32118 / Country

4. FEI Number: 59-3575842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BHOOLA, MANOJ 444 SEABREEZE BLVD., STE 200 DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM BHOOLA, MOHAN J 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM BHOOLA, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP Daytona Beach FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM BHOOLA, SNEHAL 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP Daytona Beach FL 32118	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: _____ 1/23/06 255-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #