

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90202 022 \*\*\*\*50.00

<b>DOCUMENT # L99000002176</b>		
1. Entity Name <b>EMBASSY INVESTMENT, IV, LLC</b>		

Principal Place of Business <b>13503 RANCH ROAD JACKSONVILLE, FL 32218</b>	Mailing Address <b>444 SEABREEZE BLVD STE 200 DAYTONE BEACH, FL 32118</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>45 Seton Trail</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>Ormond Beach FL</b>
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Zip	Country	Zip <b>32176</b>	Country
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**60029679**



03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3575842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BHOOLA, MANOJ 444 SEABREEZE BLVD., STE 200 DAYTONA BEACH, FL 32118</b>	
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7. Name and Address of New Registered Agent Name <b>Bhoda, Manoj</b> Street Address (P.O. Box Number is Not Acceptable) <b>45 Seton Trail</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32176</b>	
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BCH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoda, Manoj 45 Seton Trail Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, SNEHAL 444 SEABREEZE BLVD., SUITE 200 DAYTONA BCH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoda, Snehal 45 Seton Trail Ormond Beach FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____	Daytime Phone # _____
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