

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L99000002176

1. Entity Name  
EMBASSY INVESTMENT, IV, LLC



Principal Place of Business  
13503 RANCH ROAD  
JACKSONVILLE, FL 32218

Mailing Address  
444 SEABREEZE BLVD STE 200  
DAYTONA BEACH, FL 32118

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

45 Seton Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach FL

Zip

Country

Zip

32176

Country

6. Name and Address of Current Registered Agent

BHOOLA, MANOJ  
444 SEABREEZE BLVD., STE 200  
DAYTONA BEACH, FL 32118

Name Bhoola, Manoj

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM  
NAME BHOOLA, MANOJ  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200  
CITY-ST-ZIP DAYTONA BCH, FL 32118

TITLE MGRM  
NAME Bhoola, Manoj  
STREET ADDRESS 45 Seton Trail  
CITY-ST-ZIP Ormond Beach FL 32176

Change  Addition

TITLE MGRM  
NAME BHOOLA, SNEHAL  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 200  
CITY-ST-ZIP DAYTONA BCH, FL 32118

TITLE MGRM  
NAME Bhoola, Snehal  
STREET ADDRESS 45 Seton Trail  
CITY-ST-ZIP Ormond Beach FL 32176

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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

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

60029679



03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3575842

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required