


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000057500</b><br>1. Entity Name<br><b>T. POLEN DIVERSIFIED SERVICES, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4334 ARCH STREET<br/>ORLANDO FL 32808</b> | Mailing Address<br><b>4334 ARCH STREET<br/>ORLANDO FL 32808</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE      CR2E083 (10/04)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>20-0542572</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|--|---------------------------------------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>POLEN, THOMAS<br/>4334 ARCH STREET<br/>ORLANDO FL 32809</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS / MANAGERS |                            | <input type="checkbox"/> Delete |
|--------------------------------|----------------------------|---------------------------------|
| TITLE                          | MGRM                       |                                 |
| NAME                           | POLEN, THOMAS              |                                 |
| STREET ADDRESS                 | 4334 ARCH STREET           |                                 |
| CITY- ST- ZIP                  | ORLANDO FL 32808           |                                 |
| TITLE                          | MGR                        |                                 |
| NAME                           | WILLIAMS-POLEN, JACQUELINE |                                 |
| STREET ADDRESS                 | 4334 ARCH STREET           |                                 |
| CITY- ST- ZIP                  | ORLANDO FL 32808           |                                 |
| TITLE                          |                            |                                 |
| NAME                           |                            |                                 |
| STREET ADDRESS                 |                            |                                 |
| CITY- ST- ZIP                  |                            |                                 |
| TITLE                          |                            |                                 |
| NAME                           |                            |                                 |
| STREET ADDRESS                 |                            |                                 |
| CITY- ST- ZIP                  |                            |                                 |
| TITLE                          |                            |                                 |
| NAME                           |                            |                                 |
| STREET ADDRESS                 |                            |                                 |
| CITY- ST- ZIP                  |                            |                                 |

| 10. ADDITIONS/CHANGES |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------------|--|---------------------------------|-----------------------------------|
| 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         |  |                                 |                                   |

U00000374567  
07/26/05-80908-001 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <i>Thomas Polen</i>   | 7/19/05 | 407-299-1527    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date    | Daytime Phone # |