

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

DOCUMENT # A05000001341

1. Entity Name

POLLY FAMILY, LLLP



Principal Place of Business

Mailing Address

2901 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH FL 33487

2901 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH FL 33487

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-3187262**  
AP-PLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/06)

FILED

2007 APR 13 AM 10:05

SECRETARY OF STATE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

POLLY, HARVEY  
2901 SOUTH OCEAN BLVD  
HIGHLAND BEACH FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
POLLY, HARVEY  
2901 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH FL 33487

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
POLLY, HARRIETT  
2901 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH FL 33487

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
POLLY, JEFFREY  
108 FIG DRIVE  
DIX HILLS NY 11746

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
POLLY GIA, JANINE  
108 FIG DRIVE  
DIX HILLS NY 11747

STREET ADDRESS  
CITY- ST- ZIP

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NAME  
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CITY- ST- ZIP

STREET ADDRESS  
CITY- ST- ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

HARVEY POLLY

4-17-2007

STAPLE CHECK HERE