

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000002036

Entity Name: POLLARD ASSOCIATES, LTD.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

400 S. OCEAN BLVD., PHB  
PALM BEACH, FL 334806725

## **New Principal Place of Business:**

400 S. OCEAN BLVD.  
APT. PHB  
PALM BEACH, FL 334806725

## **Current Mailing Address:**

400 S. OCEAN BLVD., PHB  
PALM BEACH, FL 334806725

## **New Mailing Address:**

400 S. OCEAN BLVD.  
APT. PHB  
PALM BEACH, FL 334806725

FEI Number: 65-0628476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

POLLARD, ROBERT III  
400 S. OCEAN BLVD., PHB  
PALM BEACH, FL 334806725 US

## **Name and Address of New Registered Agent:**

POLLARD, ROBERT III  
400 S. OCEAN BLVD.  
APT. PHB  
PALM BEACH, FL 334806725 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2011

\_\_\_\_\_  
Date

## **GENERAL PARTNER INFORMATION:**

Document #:

Name: POLLARD, ROBERT III  
Address: 400 S. OCEAN BLVD., PHB  
City-St-Zip: PALM BEACH, FL 334806725

## **ADDRESS CHANGES ONLY:**

Address: 400 S. OCEAN BLVD. APT. PHB  
City-St-Zip: PALM BEACH, FL 334806725

Document #:

Name: POLLARD, MARK R  
Address: 732 NICOLET BLVD.  
City-St-Zip: MENASHA, WI 549523426

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT POLLARD III

GP

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date