


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002375</b> 1. Entity Name POLO MEX, LLC	
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Principal Place of Business 1704 N. 17 ST. TAMPA, FL 33605	Mailing Address 1200 CLEVELAND ST. CLEARWATER, FL 33755
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3705077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  COHN, VANESSA 705 WEST AZEELE ST. TAMPA, FL 33606
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**DO NOT WRITE  
IN THIS SPACE**

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

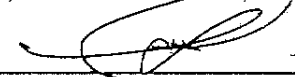
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTREJON, LORENZO 101-S AURORA AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMAN, REYES 9100 URMERTON RD LARGO, FL 33771
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000000005260  
01/15/04-80046-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**  **1-13-04 (727) 510-6671**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Executive Phone #