2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

ANNUAL REPURI				
DOCU 1. Entity Nam POLO ME		002375		Secretary of State
Principal Plac 1704 N. 17 TAMPA, FL		Mailing Address 1200 CLEVELAND ST. CLEARWTER, FL 33755		
DO NOT WRITE IN THIS SPA			CE	01102005No Chg-LLC CR2E083 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent				
COHN, VANESSA 705 WEST AZEELE ST. TAMPA, FL 33606				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				
Signature, typed or printed name of registered egent and title if applicable. (NOTE Registered Agent signature required when reinstating) Pilling Fee is \$50.00 Due by May 1, 2005				
9.		EMBERS/MANAGERS	-}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTREJON, LORENZO 101-S AURORA AVE CLEARWATER, FL 33765	-		01/26/05-80013-017 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMAN, REYES 9100 URMERTON RD LARGO, FL 33771			=.re: <u>==</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Y		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS				

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

SIGNATURE: