

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90346 003 \*\*\*\*50.00

<b>DOCUMENT #</b> <del>203000028448</del>					
<b>1. Entity Name</b> POLK MOTOR CARS REAL ESTATE HOLDINGS, LLC					
<b>Principal Place of Business</b> P.O. BOX 2325 TAMPA, FL 33601			<b>Mailing Address</b> P.O. BOX 2325 TAMPA, FL 33601		
<b>2. Principal Place of Business</b> 209 S. Lake Parker		<b>3. Mailing Address</b> 209 S. Lake Parker			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lakeland, FL		<b>City &amp; State</b> Lakeland, FL		<b>4. FEI Number</b> 20-0127999	
<b>Zip</b> 33801		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> WAGER HUDOCK, LESLIE 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name: Steven Witenyck Street Address (P.O. Box Number is Not Acceptable): 209 S. Lake Parker City: Lakeland FL Zip Code: 33801		
<b>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.</b> SIGNATURE:					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> Managing Member	<b>NAME</b> Steven Witenyck		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	Lakeland, FL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>	33801		33801		
<b>TITLE</b>	[Empty]		<input type="checkbox"/> Delete		
<b>NAME</b>	[Empty]		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	[Empty]		[Empty]		
<b>CITY-ST-ZIP</b>	[Empty]		[Empty]		
<b>TITLE</b>	[Empty]		<input type="checkbox"/> Delete		
<b>NAME</b>	[Empty]		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	[Empty]		[Empty]		
<b>CITY-ST-ZIP</b>	[Empty]		[Empty]		
<b>TITLE</b>	[Empty]		<input type="checkbox"/> Delete		
<b>NAME</b>	[Empty]		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b>	[Empty]		[Empty]		
<b>CITY-ST-ZIP</b>	[Empty]		[Empty]		
<b>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>					
<b>SIGNATURE:</b>				Date: 1/31/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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