Jul 27 04 02:13p

5/11

FILED
Aug 10, 2004 8:00 am
Secretary of State

05-11-2004 90002 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038923

1. Entity Name
POLO LAND ENTERPRISES LLC

Principal Place of Business
1118 EAST ATLANTIC AVENUE
E-1
DELRAY BEACH, FL 33483

Mailing Address
1118 EAST ATLANTIC AVENUE
E-1
DELRAY BEACH, FL 33483

340005840

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0078380 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PUPKE, MARK
1118 EAST ATLANTIC AVENUE
E-1
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent
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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

Filing Fee is $50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Pupke 1118 E. Atlantic Ave; E-1 Delray Beach FL 33483	☐ Delete
* TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: [signature] 5/7/04 561-266-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

Attachment

3400 9829

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 2, 2004

POLO LAND ENTERPRISES LLC
1118 EAST ATLANTIC AVENUE
E-1
DELRAY BEACH, FL 33483

Subject: **POLO LAND ENTERPRISES LLC**

Reference Number: **L03000038923**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RG
ANNUAL REPORTS SECTION

Sorry for the delay. I've been in Colorado since June 1st. The title has been added.