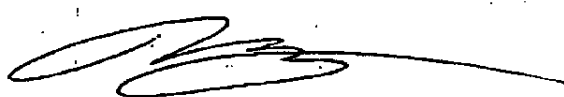


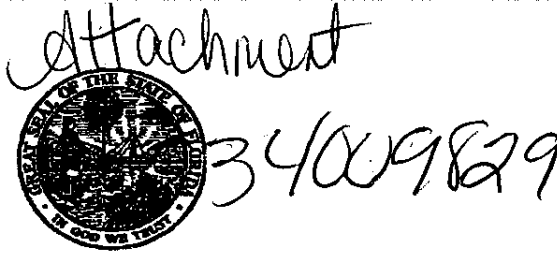
FILED
Aug 10, 2004 8:00 am
Secretary of State

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Fee		5. Certificate of Status Desired	
05/07/2004 Chg-LLC		CPE0083 (10/03)	
36-0078380		Applied For Not Applicable	
6. Certificate of Status Desired		7. Name and Address of New Registered Agent	
FL		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 Signature of individual or principal owner of registered agent and sole proprietor. (NOTE: Registered Agent signature required when changing agent.)			
Filing Fee to \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark P. Pike 1118 E. Atlantic Ave, E-1 Delray Beach, FL 33483 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: 		5/16/4 36-0078380	





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.

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314