

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041744

FILED
Apr 24, 2006
Secretary of State

Entity Name: POLK COMMERCIAL CENTER, LLC

Current Principal Place of Business:

660 CHARLOTTE STREET STE 1
PUNTA GORDA, FL 33950

New Principal Place of Business:

660 CHARLOTTE STREET
SUITE 1
PUNTA GORDA, FL 33950

Current Mailing Address:

660 CHARLOTTE STREET SUITE 1
PUNTA GORDA, FL 33950

New Mailing Address:

660 CHARLOTTE STREET
SUITE 1
PUNTA GORDA, FL 33950

FEI Number: 20-0767781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDERSON, MIKO P ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 339481088 US

Name and Address of New Registered Agent:

POLK, PAIGE C MRS.
660 CHARLOTTE STREET
SUITE 1
PUNTA GORDA, FL, FL 33950 US

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.

SIGNATURE: PAIGE C POLK

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLK, CHARLES M III
Address: 660 CHARLOTTE STREET SUITE 1
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: POLK, CHARLES M JR
Address: 660 CHARLOTTE STREET SUITE 1
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES M POLK JR

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date