2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L04000028113

Entity Name: POLLIO SECOND 1263 EAST LAS OLAS, LLC

Current Principal Place of Business:

5561 S.W. 6TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5561 S.W. 6TH STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, MURRAY E ESQ.
SHEPARD & LESKAR, P.A.
100 N.W. 70TH AVENUE, FIRST FLOOR
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: 1031 EXCHANGE CORPOR, ATION
Address: 170 N.W. SPANISH RIVER BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POLLIO, DAVID
Address: 5561 S.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Change (X) Addition
Name: POLLIO, PATRICIA
Address: 5561 S.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID POLLIO MGRM 06/30/2005

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