

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028113

FILED
Jul 24, 2008
Secretary of State

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 ()

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: POLLIO, DAVID
Address: 5561 S.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33317

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

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 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: DAVID POLLIO

MR

07/24/2008

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