

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028921

FILED
Mar 14, 2005
Secretary of State

Entity Name: PROFESSIONAL POLO EQUIPMENT L.L.C.

Current Principal Place of Business:

12882 SPINNAKER LANE
WELLINGTON, FL 33414

New Principal Place of Business:

P. O. BOX 542321
LAKE WORTH, FL 33454

Current Mailing Address:

12882 SPINNAKER LANE
WELLINGTON, FL 33414

New Mailing Address:

P.O. BOX 542321
LAKE WORTH, FL 33454

FEI Number: 41-2134639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELVIN, AUDREY
12882 SPINNAKER LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

WELLINGTON TAX SERVICES CO.
1842 WILTSHIRE VILLAGE DR
WELLINGTON, FL 33414 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: PATRICIO GONZALEZ

03/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: UCHA, SEBASTIAN
Address: BLANCO Y CALARA 1654
City-St-Zip: BUENOS AIRES ARGENTINA,

Title: MGRM (X) Delete
Name: MELVIN, AUDREY
Address: 12882 SPINNAKER LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: UCHA, SEBASTIAN
Address: P.O. BOX 542321
City-St-Zip: LAKE WORTH, FL 33454

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 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: SEBASTIAN UCHA

MGRM

03/14/2005

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