


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90375 005 ****55.00

DOCUMENT # L04000047463			
1. Entity Name POLO FIELD ESTATES, LLC			
Principal Place of Business C/O GORDON HOMES, INC. 3839 NW BOCA RATON BLVD. #100-A BOCA RATON, FL 33431		Mailing Address P.O. BOX 199000 DALLAS, TX 75219-9000	
2. Principal Place of Business 3839 NW BOCA RATON BLVD		3. Mailing Address 3839 NW BOCA RATON BLVD	
Suite, Apt. #, etc. SUITE 100A		Suite, Apt. #, etc. SUITE 100A	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country	Zip 33431	Country
4. FEI Number 20-1981764		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01172005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY, STE. 201 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, ROBERT <input type="checkbox"/> Delete 3839 NW BOCA RATON BLVD. #100-A BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, GARY <input type="checkbox"/> Delete 3839 NW BOCA RATON BLVD. #100-A BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>GARY GORDON</u>		Date <u>5/25/05</u> 561-338-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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