

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90028 002 \*\*\*\*55.00

**20037249**



|  |                                  |  |   |   |  |
|--|----------------------------------|--|---|---|--|
| <b>DOCUMENT # L04000047463</b><br>1. Entity Name<br><b>POLO FIELD ESTATES, LLC</b>   |                                  |  |   |   |  |
| Principal Place of Business<br><b>3839 NW BOCA RATON BLVD<br/>SUITE 100A<br/>BOCA RATON, FL 33431</b>  |                                  |  | Mailing Address<br><b>3839 NW BOCA RATON BLVD<br/>SUITE 100A<br/>BOCA RATON, FL 33431</b>   |   |  |
| 2. Principal Place of Business   |                                  |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |                                  |  | Suite, Apt. #, etc.   |   |  |
| City & State   |                                  |  | City & State  |   |  |
| Zip  |                                  | Country  |   | Zip   |  |
|  |                                  |  |   | Country   |  |
| 4. FEI Number<br><b>20-1981764</b>   |                                  |  |   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                                  |  |   | <b>\$5.00 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JEFFREY A. LEVINE, P.A.<br/>4000 N. FEDERAL HIGHWAY, STE. 201<br/>BOCA RATON, FL 33431</b>   |                                  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE  | MGRM                             | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | GORDON, ROBERT                   |  | NAME  |   |  |
| STREET ADDRESS   | 3839 NW BOCA RATON BLVD, # 100-A |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | BOCA RATON, FL 33431             |  | CITY-ST-ZIP   |   |  |
| TITLE  | MGRM                             | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | GORDON, GARY                     |  | NAME  |   |  |
| STREET ADDRESS   | 3839 NW BOCA RATON BLVD, # 100-A |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | BOCA RATON, FL 33431             |  | CITY-ST-ZIP   |   |  |
| TITLE  |                                  | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| TITLE  |                                  | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| TITLE  |                                  | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                  |  |   |   |  |
| <b>SIGNATURE:</b> <b>ROBERT GORDON</b> 4-25-06 561-338-8900  |                                  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                  |  |   |   |  |
| Date Daytime Phone #   |                                  |  |   |   |  |