

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90261 033 \*\*\*\*55.00

<b>DOCUMENT # L04000047463</b>						
<b>1. Entity Name</b> POLO FIELD ESTATES, LLC						
<b>Principal Place of Business</b> <del>3839 NW BOCA RATON BLVD</del> <del>SUITE 100A</del> <del>BOCA RATON, FL 33431</del>			<b>Mailing Address</b> 3839 NW BOCA RATON BLVD SUITE 100A BOCA RATON, FL 33431			
<b>2. Principal Place of Business - No P.O. Box #</b> 6464 BELLAMALFI ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6464 BELLAMALFI ST. Suite, Apt. #, etc.				
<b>City &amp; State</b> BOCA RATON, FL.		<b>City &amp; State</b> BOCA RATON, FL.		<b>4. FEI Number</b> 20-1981764		
<b>Zip</b> 33496		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> JEFFREY A. LEVINE, P.A. <del>4000 N. FEDERAL HIGHWAY, STE. 201</del> <del>BOCA RATON, FL 33431</del> 6751 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL. 33487				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GORDON, ROBERT 3839 NW BOCA RATON BLVD, # 100-A BOCA RATON, FL 33431 <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	6464 Bellamalfi Street Boca Raton, FL 33496
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GORDON, GARY 3839 NW BOCA RATON BLVD, # 100-A BOCA RATON, FL 33431 <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	6464 Bellamalfi Street Boca Raton, FL 33496
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<b>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>						
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						
Date				Daytime Phone #		