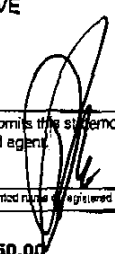
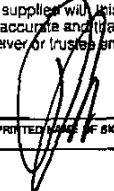


07/06/06 THU 12:01 FAX

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90085 048 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000003038			
1. Entity Name POLK INVESTMENT, LLC			
Principal Place of Business 215 NORTH EOLA DRIVE ORLANDO, FL 32801		Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801	
2. Principal Place of Business 7380 W. SAND LAKE RD Suite, Apt. #, etc. SUITE 420 City & State ORLANDO, FLORIDA Zip 32819 Country ORANGE		3. Mailing Address 7380 W. SAND LAKE RD Suite, Apt. #, etc. SUITE 420 City & State ORLANDO, FLORIDA Zip 32819 Country ORANGE	
07062006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3935379 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KALEITA, GARY M. 215 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name DAVID KOHN Street Address (P.O. Box Number is Not Acceptable) 7380 W. SAND LAKE RD, SUITE 420 City ORLANDO, FLORIDA FL Zip Code 32819	
8. The above named entity submits the 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  DAVID KOHN (MANAGING MEMBER) DATE 8/2/06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when indicated) DATE			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE:  DAVID KOHN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		8/2/06 (407) 370-6400 Date Ozone Ozone Phone #	

(MANAGING MEMBER)

20051638

