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Secretary of State
08-04-2006 90085 048 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003038

1. Entity Name
POLK INVESTMENT, LLC

20051638

Principal Place of Business	Mailing Address
215 NORTH EOLA DRIVE ORLANDO, FL 32801	215 NORTH EOLA DRIVE ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
7380 W. SAND LAKE RD	7380 W. SAND LAKE RD
Suite, Apt. #, etc. SUITE 420	Suite, Apt. #, etc. SUITE 420
City & State ORLANDO FLORIDA	City & State ORLANDO, FLORIDA
Zip 32819 Country ORANGE	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 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 DAVID KOHN (MANAGING MEMBER) 8/2/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGRM NAME DAVID KOHN STREET ADDRESS 7380 W. SAND LAKE RD. SUITE 420 CITY-ST-ZIP ORLANDO, FLORIDA 32819	☐ 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 8/2/06 (407)370-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(MANAGING MEMBER)