## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 25, 2007 08:00 All Secretary of State **DOCUMENT # L05000014054** 1. Entity Name PRESIDENTIAL POLK I, LLC Mailing Address Principal Place of Business 2875 N.E. 191 STREET, SUITE 400 2875 N.E. 191 STREET, SUITE 400 AVENTURA, FL 33180 AVENTURA, FL 33180 CR2E083 (11/05) 01182007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2315903 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PAPADAKIS, JOAN 2875 N.E. 191ST ST SUITE 400 IN THIS SPACE AVENTURA, FL 33180 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE GORDON, MARK T NAME U00000729772 2875 N.E. 191ST ST., STE, 400 STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

SIGNATURE: AGING MEMBER, OR THE WORKED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information indicated on this report is true limited liability company or th

does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the vered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #