


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90082 025 ****50.00

DOCUMENT # L05000038758	
1. Entity Name POLIVKA LADIES GROUP, LLC	

Principal Place of Business 1835 SE 4TH AVENUE FT. LAUDERDALE, FL 33316 US	Mailing Address 1835 SE 4TH AVENUE FT. LAUDERDALE, FL 33316 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



07032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2842970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POLIVKA, BASIL 100 SE 9TH STREET 1835 SE 4TH AVE. FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**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	MGRM POLIVKA, BONNIE S <input type="checkbox"/> Delete 100 SE 9TH STREET 1835 SE 4TH AVE. FT. LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLIVKA ADAMS, LESLIE <input type="checkbox"/> Delete 725 LALLY ROCK COURT ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLIVKA, DONNA J <input type="checkbox"/> Delete 613 PAR PINES BLVD. DAVENPORT, FL 33937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLIVKA, RUTHANNE M <input type="checkbox"/> Delete 1460 SPRINGWOOD TRACE SE WARREN, OH 44484	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DABELKO, MARIE <input type="checkbox"/> Delete 3823 EVERETT HULL ROAD CORTLAND, OH 44410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARY KAY WILBURN <input type="checkbox"/> Delete 256 N. EDGEHILL AVE. YOUNGSTOWN, OH 44515	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Bonnie Polivka MGRM **17-17-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #