


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051154 1. Entity Name POLK HOLDINGS, LLC	
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Principal Place of Business 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 US	Mailing Address 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 US
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DO NOT WRITE IN THIS SPACE



04062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0888879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS D ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL FL

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IN THIS SPACE**

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 _____
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 May 1, 2007**

000000708595
04/24/07-80120-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEE, DAVID 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, JAMES (RUSTY) 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABATE, JAMES 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/07