


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 10, 2007 8:00 am
Secretary of State

08-15-2007 90025 009 ****50.00

8/1

DOCUMENT # LO5000086817	
1. Entity Name MARCO POLO ACRES, LLC	

DO NOT WRITE IN THIS SPACE

30012744

2. Principal Place of Business - No P.O. Box # 400 Buttonwood Place		3. Mailing Address 400 Buttonwood Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA

Corrected Sept 4, 2007

CR2E083B (5/07)

4. FEI Number 203404339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
-----------------------------------	--

7. Name and Address of Current Registered Agent

Name Susan Shelly
Street Address (P.O. Box Number is Not Acceptable)
400 Buttonwood Place
City Boca Raton **FL** **Zip Code** 33431

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 Susan Shelly **DATE** 12 Aug 07

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Susan Shelly 400 Buttonwood Place BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.P.A. Robert W. Slater M.G.R.M. 214 Brazilian Avenue, Suite 201 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

**DO NOT WRITE
IN THIS SPACE**

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: Susan Shelly **DATE** 12 Aug 07 **Daytime Phone #** 561-417-7221

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