


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090783

1. Entity Name
WILLIAM L. POLK ENTERPRISES, LLC



Principal Place of Business Mailing Address

1309 S. 9TH STREET **P.O. BOX 491637**
LEESBURG, FL 34748 **LEESBURG, FL 34749**

DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-3473346 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLK, WILLIAM L
1309 S. 9TH STREET
LEESBURG, FL 34748

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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 _____ 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

U00000593097
 01/22/07-80016-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLK, WILLIAM L 1309 S. 9TH STREET LEESBURG, FL 34748
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: William L. Polk 1-12-07 352-408-7797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *