


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000031491 1. Entity Name POLO GROUP, LLC	
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Principal Place of Business 29232 REGENCY CIRCLE WESTLAKE, OH 44145 US	Mailing Address 3907 SOLYMAR DRIVE SARASOTA, FL 34242 US
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DO NOT WRITE IN THIS SPACE



04062008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5009106	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EKLUND, PAUL 3907 SOLYMAR DRIVE SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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)

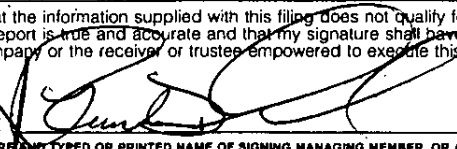
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000907914
 05/06/08-80008-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EKLUND, CLAUDIA 29232 REGENCY CIRCLE WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EKLUND, PAUL 3907 SOLYMAR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAKEFIELD, MARK 18908 BREWSTER RD. AURORA, OH 44202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **Date** 4-18-08 **Daytime Phone #** 440 835-5162

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