2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L06000065786

Entity Name: POLI INVESTMENT LLC

Current Principal Place of Business:

5805 BLUE LAGOON DRIVE, SUITE #300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DRIVE, SUITE #300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-5181837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHONILLO, LUCY G
901 BRICKELL KEY BLVD., APT. 2108
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CHONILLO, LUIS M	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	CHONILLO, LUIS E	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	CHONILLO, DAVID E	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	CHONILLO, LUCY G	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	CHONILLO, JUAN X	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	CHONILLO, CARLOS A	
Address:	901 BRICKELL KEY BLVD., APT 2108	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS M. CHONILLO MGRM 07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date