

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065786

Entity Name: POLI INVESTMENT LLC

FILED
Mar 21, 2009
Secretary of State

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 ()

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

03/21/2009

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