2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-29-2008 90100 021 ***138.75

DOCUMENT # L07000126263

1. Entity Name
EVERGLADES POLO CLUB, LLC

Principal Place of Business	Mailing Address
600 KRYSTAL BUILDING ONE UNION SQURE CHATTANOOGA, TN 37402	600 KRYSTAL BUILDING ONE UNION SQURE CHATTANOOGA, TN 37402

30002589

02262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
600 Krystal Building	600 Krystal Building
Suite, Apt. #, etc.: 100 West MLK Blvd	Suite, Apt. #, etc.: 100 West MLK Blvd.
City & State: Chattanooga, TN	City & State: Chattanooga, TN
Zip: 37402 Country: USA	Zip: 37402 Country: USA

4. FEI Number: 26-1616159 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METZGER, JOHN T ESQ. 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH, FL FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUZZORT, PAMELA 600 KYRSTAL BUILDING, ONE UNION SQUARE CHATTANOOGA, TN 37402 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Cuzzort, Pamela 600 Krystal Bldg., 100 West MLK Blvd. Chattanooga, TN 37402 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Pamela K Cuzzort Pamela K. Cuzzort Feb. 26, 2008 423-756-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #