2006 LIMITED LIABILITY COMPANY

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED **ANNUAL REPORT** Jan 20, 2006 08:00 AN DOCUMENT # L97000000536 **Secretary of State** 1. Entity Name EVERGLADES POLO, L.C. Principal Place of Business Mailing Address SUITE 600, KRYSTAL BUILDING SUITE 600, KRYSTAL BUILDING CHATTANOOGA, TN 37402 CHATTANOOGA, TN 37402 01092006 No Chq-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2316492 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STRIBLING, G. BOONE 15885 MEADOWWOOD DR WELLINGTON, FL 33414 IN THIS SPACE 3. 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 orloted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9, MGR TITLE HAMILTON, M. HAYNE NAME STREET ADDRESS 600 KRYSTAL BUILDING CITY-SY-ZIP CHATTANOOGA, TN 37402 U00000393303 01/25/06-800**14-**025 **50.00** NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE KAME STREET ADDRESS CITY-ST-ZIP

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