DO NOT WRITE IN THIS SPACE

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000536

1. Entity Name EVERGLADES POLO, L.C.



Principal Place of Business

SUITE 600, KRYSTAL BUILDING CHATTANOOGA, TN 37402

Mailing Address

SUITE 600, KRYSTAL BUILDING CHATTANOOGA, TN 37402

FILED Jan 29, 2007 08:00 AM Secretary of State



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2316492 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRIBLING, G. BOONE 15885 MEADOWWOOD DR WELLINGTON, FL 33414

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		114	INIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	l nging its registered office or registered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or p:inted name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F/ D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, M. HAYNE 600 KRYSTAL BUILDING CHATTANOOGA, TN 37402		
NAME STREET ADDRESS CITY-ST-ZIP			000000508934 02/01/07-80030-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
HILE NAME STREET ADDRESS CHY-ST-ZP		IN	THIS SPACE
TITLE RAME STREET ADDRESS CITY-ST-ZIP			
TULE NAME STREET ADDRESS CITY-SI-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:	An	Mo

M. Hayne Hamilton

1-23-07 Date

423-756-1202

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

Daytime Phone #