

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90100 043 ****50.00

DOCUMENT # L99000005729

1. Entity Name
POLO HOLDINGS, LLC



Principal Place of Business
101 E KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

Mailing Address
101 E KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3597581

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

GORDON, BRAD A
101 E. KENNEDY BLVD., SUITE ~~9925~~ 3300 ← change
TAMPA, FL 33602
Suite #

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MICHAELS, J. PATRICK JR
CITY-ST-ZIP 101 E KENNEDY BLVD. SUITE 3300
TAMPA, FL 33602 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MGR
STREET ADDRESS GORDON, BRAD A
CITY-ST-ZIP 101 E KENNEDY BLVD. SUITE 3300
TAMPA, FL 33602 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brad A. Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-02-04 (813) 318-9444