

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90101 046 ****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

01052005

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 3300
TAMPA, FL 33602**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **mgrm** ☒ Change ☐ Addition
NAME **Michaels, Jr., J. Patrick**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **Barbara Brockland**

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

01-05-05 (813) 318-9444

Date

Daytime Phone #