

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002163

FILED
Feb 02, 2011
Secretary of State

Entity Name: POLO LAKES APARTMENTS, LLC

Current Principal Place of Business:

245 PARK AVENUE, 2ND FLOOR
NEW YORK, NY 10167 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5005
NEW YORK, NY 10163 US

New Mailing Address:

FEI Number: 04-3789369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: GIFFORD, BENJAMIN G
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167 US

Title: S
Name: GILIBERTO, S. MICHAEL JR
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167 US

Title: VP
Name: GAVRILOVA, ETHEL
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167 US

Title: S
Name: DORT, ALFRED W
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167 US

Title: VP
Name: GAVRILOVA, ETHEL
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ETHEL GAVRILOVA

VP

02/02/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date