

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000418

FILED
Apr 30, 2008
Secretary of State

Entity Name: POLOS SOUTH, LLC

Current Principal Place of Business:

149 YELLOWBROOK ROAD STE 111
FARMINGDALE, NJ 07727

New Principal Place of Business:

149 YELLOWBROOK ROAD STE 100
FARMINGDALE, NJ 07727

Current Mailing Address:

149 YELLOWBROOK ROAD STE 111
FARMINGDALE, NJ 07727

New Mailing Address:

149 YELLOWBROOK ROAD STE 100
FARMINGDALE, NJ 07727

FEI Number: 20-4076026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARETSKY, LOUIS
555 N.E. 15TH STREET STE 100
MIAMI, FL 33132 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: MGR () Delete
Name: POLOS SOUTH PARTNERS, , LLC
Address: 149 YELLOWBROOK ROAD STE 111
City-St-Zip: FARMINGDALE, NJ 07727

Title: MGR () Delete
Name: BESHMADA OF DELAWARE, , LLC
Address: 12121 WILLSHIRE BLVD STE 1400
City-St-Zip: LOS ANGELES, CA 90025

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POLOS SOUTH PARTNERS, , LLC
Address: 149 YELLOWBROOK ROAD STE 100
City-St-Zip: FARMINGDALE, NJ 07727

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH TEICHMAN

MGR

04/30/2008

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