2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000006573

1. Entity Name
*MF*POLO GLEN, LLC****



Principal Place of Business

SIGNATURE:

13860 BALLENTYNE CORPORATE PLACE

SUITE 130

CHARLOTTE, NC 28277 US

Mailing Address

13860 BALLENTYNE CORPORATE PLACE

SUITE 130

CHARLOTTE, NC 28277 US

03062008 No Chg-LLC

CR2E083 (12/07)

FILED

Mar 27, 2008 8:00 am Secretary of State

03-27-2008 90083 038 ***138.75

60017363

4. FEI Number 20-5937451

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

70 4-540-7400

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC 515 EAST PARK AVE TALLAHASSEE, FL 32301

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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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		The first on the first of the state of	
NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, J. BRETT 13860 BALLENTYNE CORPORATE PL, STE. 130 CHARLOTTE, NC 28277		e julime compression Design The Hodes Status. Programme The Language Fall (1917) and the	t ugdive carrier its a che inscarrant o carrier et en Sart de ortone et co.
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11. I hereby certify that the information supplied with his filling 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 should 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 sixtistee empowered to execute this report as required by Chapter 608, Florida Statutes.

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