2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000003550



FILED Jun 27, 2008 8:00 am Secretary of State 06-27-2008 90057 016 ***138.75

1. Entity Nam POLEN C	APITAL I	MANAGEMENT, L.I	C.	į						
Principal Place of Business 2700 N. MILITARY TRAIL, SUITE 230 BOCA RATON, FL 33431		Mailing Address 2700 N. MILITARY TRAIL, SUITE 230 BOCA RATON, FL 33431		50007655						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06202008	Chg-LLC	CR2E	83 (12/06)			
City & State		City & State			4. FEI Numbe 26-	0319356	•		oplied For ot Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New F	Rogistered .	Agent	
	CUTIVÉ P	ARK DRIVE, SUITE 4		Street Address (P.O. Box Nur			r is Not Acceptable	e)		
WESTON, FL 33331			-							
					City			FL	Zip Cod	le
	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both	n, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Singehee broad	or printed name of registered egent an	nd little if explication (AMC)	C. Danistwa	d Agent signatura required	Luchan reinstation)		DATE		
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FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008			In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not be a second and the second and							
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11. I hereby certify that the information supplied with this 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 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

6/20/08

561-241-2425

Daytime Phone #