## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M99000000215

1. Entity Name
JOHNSTON POLO, LLC

FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business 600 KRYSTAL BUILDING CHATTANOOGA, TN 37402 Mailing Address

600 KRYSTAL BUILDING CHATTANOOGA, TN 37402



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
62-1756814	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent
NRAI SERVICES, INC.

2731 EXECUTIVÉ PARK DRIVE SUITE 4 WESTON, FL 33331

DO	NOT	WRITE
IN	THIS	SPACE

	named entity submits this statement for the purpose of char lions of registered agent.	nging its registered affice or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE Registered Agent signalure required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR CUZZORT, PAMALA K 600 KRYSTAL BUILDING CHATTANOOGA, TN 37402		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSTON, S.K. JR. 600 KRYSTAL BUILDING CHATTANOOGA, TN 37402	0.	U00000608931 2/01/07-80030-007 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ale Change   Surjung modify that the information
11. I hereby	certify that the Information supplied with this filing does not	quality for the exemptions contained in Chapter 119, Flori	oa oldinies, i miniet cenny dial nie montalion

11. I nereby certify that the information supplied with this thing does not quality for the exemptions contained in Chapter 113, Florida Statutes. I further certify that the without and accurate and that my signature shall have the same legal effect as if made under outly, 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: Pamala K. Clypot Pamala K. C	uzzort 1/24/0	1 423-756-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATI	VE Date	Daylima Phone #