


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000022280
1. Entity Name
COFFEE POT HOMES, LLC



Principal Place of Business Mailing Address
625 13TH AVENUE NE 625 13TH AVENUE NE
ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



04052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0470563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, MICHELLE I
625 13TH AVENUE NE
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9: MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, MICHELLE 625 13TH AVE NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOR, EMIL 344 21ST AVE NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPANNO, JOSEPH 1 HERITAGE CT OAK RIDGE, NJ 07438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80026-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michelle Payne Michelle Payne 04/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #