


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
4/ Apr 21, 2005 8:00 am  
Secretary of State

04-07-2005 90089 024 \*\*\*\*50.00

**DOCUMENT # L04000023316**

1. Entity Name  
POGGIE HOLDINGS, LLC



Principal Place of Business 4003 WEST PENSACOLA STREET TALLAHASSEE, FL 32304	Mailing Address 4003 WEST PENSACOLA STREET TALLAHASSEE, FL 32304
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30004164



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOSEPH R ESQ.  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 Agents (Qualifies required when re-issuing) ... DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM POGGIE, BRIAN 4003 WEST PENSACOLA STREET TALLAHASSEE, FL 32304	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brian Poggie 3/29/05 850 576 6326  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #