


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5 **FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90241 010 \*\*\*\*50.00

<b>DOCUMENT # L05000090385</b> 1. Entity Name <b>POE AND SSHICKORY, LLC</b>					
Principal Place of Business <b>27524 HICKORY BLVD.                  BONITA SPRINGS, FL 34134</b>			Mailing Address <b>27524 HICKORY BLVD.                  BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHLLI, THOMAS R                  27524 HICKORY BLVD.                  BONITA SPRINGS, FL 34134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____			4. FEI Number <b>20-2841144</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
Filing Fee is <b>\$50.00</b> Due by <b>September 6, 2006</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHILLI, THOMAS R		NAME		
STREET ADDRESS	27524 HICKORY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POE, KEVAN		NAME		
STREET ADDRESS	8314 CARDINA COURT		STREET ADDRESS		
CITY-ST-ZIP	LIBERTY TOWNSHIP, OH 45044		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	S & S HICKORY PROPERTIES, LLC		NAME		
STREET ADDRESS	27524 HICKORY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date _____		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Daytime Phone # _____		