

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001281

1. Entity Name
POE FAMILY INVESTMENT COMPANY, LTD.



Principal Place of Business
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

Mailing Address
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01312006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3337121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POE, WILLIAM F SR
POE INVESTMENTS, INC.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

U00000424080

02/18/06-80032-021 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000083012
NAME POE INVESTMENTS, INC.
STREET ADDRESS 302 KNIGHTS RUN AVENUE, SUITE 700
CITY-ST-ZIP TAMPA, FL 33602

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE