2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A95000001281

1. Entity Name

POE FAMILY INVESTMENT COMPANY, LTD.



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

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

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



01092007 No Chg-LP

CR2E003 (12/06)

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.			
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	02/	U00000611160 /02/07-80049-020 500.00
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			
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 and 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: 1

DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

OF AND THE OR PRINTED HAVE OF SIGNING GENERAL PARTNER

1/20/07

(813) 259-4000

Daytime Phone