


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 004 ****50.00

DOCUMENT # L00000003888	
1. Entity Name POOR FOLKS, LLC	

Principal Place of Business 1369 40TH AVE. NE ST. PETERSBURG, FL 33703	Mailing Address 1369 40TH AVE. NE ST. PETERSBURG, FL 33703
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2. Principal Place of Business 8047 Stimpie Avenue North Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
City & State St. Petersburg Zip 33710 Country USA	City & State Fla. Zip Same Country Same

09052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3678951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FISCHER, JAMES W 1369 40TH AVE. N.E. ST. PETERSBURG, FL 33703
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8047 Stimpie Avenue North City St. Petersburg FL Zip Code 33710

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 September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, JAMES W 1369 40TH AVE. NE ST. PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8047 Stimpie Ave. N. St. Petersburg, Fla. 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 606, Florida Statutes.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 9/5/06	Daytime Phone # 727-381-6000
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