2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# L02000006392

Entity Name: POGO, LLC

Current Principal Place of Business:

88005 OVERSEAS HWY.
UNIT 9, PMB 370
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

88005 OVERSEAS HWY.
UNIT 9, PMB 370
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 37-5482436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 322025059 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TERRY, SARAH P
Address: 88005 OVERSEAS HWY., UNIT 9, PMB 370
City-St-Zip: ISLAMORADA, FL 330365059

Title: MGR ( ) Delete
Name: OWINGS, CRAIG M
Address: 88005 OVERSEAS HWY., UNIT 9, PMB 370
City-St-Zip: ISLAMORADA, FL 330365059

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG M OWINGS MR 01/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date