2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L03000022280

Entity Name: COFFEE POT HOMES, LLC

Current Principal Place of Business:

625 13TH AVENUE NE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

625 13TH AVENUE NE
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 51-0470563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, MICHELLE I
625 13TH AVENUE NE
ST. PETERSBURG, FL 33701 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: MGRM ( ) Delete
Name: PAYNE, MICHELLE
Address: 625 13TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM ( ) Delete
Name: PASTOR, EMIL
Address: 344 21ST AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: MGRM ( ) Delete
Name: SPANO, JOSEPH
Address: 1 HERITAGE CT
City-St-Zip: OAK RIDGE, NJ 07438

ADDITIONS/CHANGES:

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

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: MICHELLE I. PAYNE MGRM 04/14/2009

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