


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000030778 1. Entity Name POOLER INVESTOR, LLC	
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Principal Place of Business C/O BARRY FINE, QUIET TECHNOLOGY AEROSPACE 12845 NW 45TH AVE OPA LOCKA, FL 33054	Mailing Address C/O BARRY FINE, QUIET TECHNOLOGY AEROSPACE 12845 NW 45TH AVE OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1508853	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 AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131
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**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. (NOTE: Registered Agent signature required when transferring)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000670843
03/28/07-80045-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTER, RICHARD 12845 NW 45TH AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, BARRY 12845 NW 45TH AVE OPA LOCKA, FL 33054
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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  **Managing Member** **3/14/07** **305 687-9808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #