2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000030778

1. Entity Name

POOLER INVESTOR, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

C/O BARRY FINE, QUIET TECHNOLOGY AEROSPACE 12845 NW 45TH AVE OPA LOCKA, FL 33054

C/O BARRY FINE, QUIET TECHNOLOGY AEROSPACE 12845 NW 45TH AVE OPA LOCKA, FL 33054



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 37-1508853		15.00	Applied For Not Applicable
5. Certificate of Status Desired	55.00 Additional		

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

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	The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIG	SNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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

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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 608, Florida Statutes.

SIGNATURE:

FUGNING MANAGING MEMBER, OR AUTHORIZED REPRI

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Daytime imone #