2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090385

City-St-Zip:

BONITA SPRINGS, FL 34134

Entity Name: POE AND SSHICKORY, LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 27524 HICKORY BLVD. BONITA SPRINGS, FL 34134 **Current Mailing Address: New Mailing Address:** 27524 HICKORY BLVD. BONITA SPRINGS, FL 34134 FEI Number: 20-2841144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHLLI, THOMAS R 27524 HICKORY BLVD. BONITA SPRINGS, FL 34134 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCHILLI, THOMAS R Name: Name: Address: 27524 HICKORY BLVD. Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: POE, KEVAN Name: Address: 8314 CARDINA COURT Address: City-St-Zip: LIBERTY TOWNSHIP, OH 45044 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition S & S HICKORY PROPER, TIES, LLC Name: Name: Address: 27524 HICKORY BLVD. Address:

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.

City-St-Zip:

SIGNATURE: THOMAS R SCHILLI MGR 04/26/2007