

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091648

Entity Name: POISE & PANAGE, LLC

FILED  
Feb 06, 2007  
Secretary of State

## Current Principal Place of Business:

1035 NW 10TH AVENUE  
MIAMI, FL 33136 US

## New Principal Place of Business:

701 BRICKELL AVENUE  
SUITE 1550  
MIAMI, FL 33131 US

## Current Mailing Address:

1035 NW 10TH AVENUE  
MIAMI, FL 33136 US

## New Mailing Address:

701 BRICKELL AVENUE  
SUITE 1550  
MIAMI, FL 33131 US

FEI Number: 20-3482744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, DULCELINA M  
1035 NW 10TH AVENUE  
MIAMI, FL 33136 US

## Name and Address of New Registered Agent:

MOORE, DULCELINA M PRES  
1035 NW 10TH AVENUE  
MIAMI, FL 33136 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: DULCELINA M. MOORE

02/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOORE, DULCELINA M  
Address: 1035 NW 10TH AVENUE  
City-St-Zip: MIAMI, FL 33136 US

Title: MGRM ( ) Delete  
Name: EVERETT, ALICE H  
Address: 19130 S ST ANDREW DRIVE  
City-St-Zip: MIAMI, FL 33015 US

## 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 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: DULCELINA M. MOORE

MGRM

02/06/2007

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