

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90178 041 ****50.00

DOCUMENT # L05000101998

1. Entity Name
POU & POU PROPERTIES #1, L.L.C.



Principal Place of Business
1234 EASTON DRIVE
LAKELAND, FL 33803

Mailing Address
1234 EASTON DRIVE
LAKELAND, FL 33803

60035310



04072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3598861	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

POU, WILLIAM K JR.
1234 EASTON DRIVE
LAKELAND, FL 33803

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POU, KATHRYN O
STREET ADDRESS	1234 EASTON DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	MGR
NAME	POU, WILLIAM K JR.
STREET ADDRESS	1234 EASTON DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	
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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/7/07

863-425-7549