

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90140 049 \*\*\*\*50.00

**DOCUMENT # L05000111804**

1. Entity Name  
**POE INSURANCE MANAGERS, LLC**



Principal Place of Business      Mailing Address  
**302 KNIGHTS RUN AVE., SUITE 700**      **302 KNIGHTS RUN AVE., SUITE 700**  
**TAMPA, FL 33602**      **TAMPA, FL 33602**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01092007    Chg-LLC      CR2E083 (12/06)

4. FEI Number  
**20-3830778**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required



**6. Name and Address of Current Registered Agent**

**KRZESINSKI, THOMAS S**  
**302 KNIGHTS RUN AVE., SUITE 700**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
**CHARLES E. POE**

Street Address (P.O. Box Number is Not Acceptable)

**302 KNIGHTS RUN AVE., STE. 700**

City      State      Zip Code  
**TAMPA,      FL      33602**

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  **CHARLES E. POE**      1/20/07  
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**

**Make check payable to**  
**Florida Department of State**

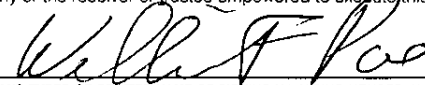
**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	POE FINANCIAL GROUP, INC.	302 KNIGHTS RUN AVE., SUITE 700	TAMPA, FL 33602	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       1/20/07      (813) 259-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**WILLIAM F. POE, SR.**