


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90025 043 \*\*\*138.75

**DOCUMENT # L05000111804**

1. Entity Name  
 POE INSURANCE MANAGERS, LLC



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

Mailing Address  
 302 KNIGHTS RUN AVE., SUITE 700  
 TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



02182008 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**

POE, CHARLES E  
 302 KNIGHTS RUN AVE., SUITE 700  
 TAMPA, FL 33602

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

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

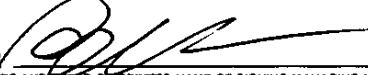
**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

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

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:  **4/18/08** **813/259-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #