2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111806

1. Entity Name

POE & ASSOCIATES, LLC

FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

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

Mailing Address

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



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3830800		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional auired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000915337 05/09/08-80012-002 138.75			
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE .* NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE					

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

11. I hereby certify that the information supplied with this filling 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 DIFFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/08 813/559.