
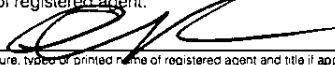
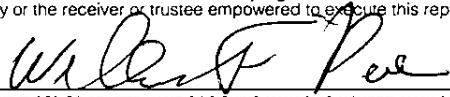


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-29-2007 90140 011 ****50.00

DOCUMENT # L05000112189 1. Entity Name POE INSURANCE HOLDINGS, 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3830832	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRZESINSKI, THOMAS S 302 KNIGHTS RUN AVE., SUITE 700 TAMPA, FL 33602			Name CHARLES E. POE Street Address (P.O. Box Number is Not Acceptable) 302 KNIGHTS RUN AVE., STE. 700 City TAMPA, FL Zip Code 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 DATE		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	POE FINANCIAL GROUP, INC.		NAME		
STREET ADDRESS	302 KNIGHTS RUN AVE., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 WILLIAM F. POE, SR.			Date Daytime Phone #		