

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009755

FILED
Feb 22, 2008
Secretary of State

Entity Name: POTENTIA PARTNERS L.L.C.

Current Principal Place of Business:

8411 AMBROSSE LN, SUITE 309
LOUISVILLE, KY 40299

New Principal Place of Business:

Current Mailing Address:

8411 AMBROSSE LN, SUITE 309
LOUISVILLE, KY 40299

New Mailing Address:

FEI Number: 06-1679716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNROE, BRADFORD L
5555 SYCAMORE STREET NORTH
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

UNROE, BRADFORD L
112 11TH AVENUE NORTH
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE:

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: UNROE, BRADFORD L
Address: 5555 SYCAMORE STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 22

Title: MGRM () Delete
Name: UNROE, NANCY K
Address: 5555 SYCAMORE STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 22

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: UNROE, BRADFORD L
Address: 112 11TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM (X) Change () Addition
Name: UNROE, NANCY K
Address: 112 11TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRADFORD L. UNROE

MGR

02/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date