

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L97000000571

1. Entity Name  
POTTER'S PLACE COMPANY, L.C.

00 APR 18 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI FL 33143

Mailing Address  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI FL 33143-5198



DO NOT WRITE IN THIS SPACE

MMM

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0780620

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORAGE, MICHAEL R  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI FL 33143

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  Delete  
NAME STORAGE, MICHAEL R  
STREET ADDRESS 5975 SUNSET DRIVE  
CITY - ST - ZIP MIAMI FL 33143

TITLE  Change  Addition  
NAME 500003236495--?  
STREET ADDRESS -05/03/00--01031--005  
CITY - ST - ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  Delete  
NAME STORAGE, SARAH  
STREET ADDRESS 11805 S.W. 66TH AVE.  
CITY - ST - ZIP MIAMI FL 33156

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/13/2000 (305) 661-4221  
Date Daytime Phone #

CPD ENR 10/00