

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90132 001 ****50.00

02-10-2004 90132 002 *****5.00

DOCUMENT # L00000001927

1. Entity Name
OLE MAN POTTER, LLC



Principal Place of Business
**5933 W. LINDENHURST AVE
LOS ANGELES, CA 90036**

Mailing Address
**5933 W. LINDENHURST AVE
LOS ANGELES, CA 90036**

2. Principal Place of Business
118 S. Orange Dr.
Suite, Apt. #, etc.

3. Mailing Address
118 S. Orange Drive
Suite, Apt. #, etc.

City & State
Los Angeles, CA

City & State
Los Angeles, CA

01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4101213

Applied For
☐ Not Applicable

Zip
90036

Country
U.S.A.

Zip
90036

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**ANDERSON, JON H ESQ.
4927 SOUTHFORD DRIVE
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name
Betsy Anderson
Street Address (P.O. Box Number is Not Acceptable)
1061 East Highland Dr.
City
Lakeland FL Zip Code
33813

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 Betsy Anderson **Betsy Anderson** 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
COOPER, TRENT L
5933 W. LINDENHURST AVE
LOS ANGELES, CA 90036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Cooper, Trent L.
118 S. Orange Dr.
Los Angeles, CA 90036** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: Trent L. Cooper **Trent L. Cooper** 2/05/04 323.934.6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #