


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90076 005 \*\*\*\*50.00

**90154358**

DOCUMENT # <b>L00000001927</b>	
1. Entity Name <b>OLE MAN POTTER, LLC</b>	


**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>Los Angeles</b>	3. Mailing Address <b>5933 W. Lindenhurst Ave.</b>
Suite, Apt. #, etc. <b>5933 W. Lindenhurst Ave.</b>	Suite, Apt. #, etc.
City & State <b>Los Angeles, CA</b>	City & State <b>Los Angeles, CA</b>
Zip <b>90036</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>134101213</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>Jon H. Anderson ESQ</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4927 Southfork Drive</b>			
City <b>Lakeland</b> FL Zip Code <b>33813</b>			

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  **Trent L. Cooper, President** DATE **6/12/03**

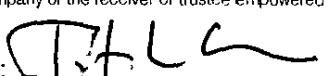
FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>President</b>	TITLE
NAME <b>Trent L. Cooper</b>	NAME
STREET ADDRESS <b>5933 W. Lindenhurst Ave.</b>	STREET ADDRESS
CITY-ST-ZIP <b>Los Angeles, CA 90036</b>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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** 9/01/03 3239346460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)