

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007454

1. Entity Name
POTTERY BAYOU, LLC



Principal Place of Business
513 LAKE AVE.
LAKE WORTH, FL 33460

Mailing Address
513 LAKE AVE.
LAKE WORTH, FL 33460



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102300

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, PATRICIA H
513 LAKE AVE.
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COCHRAN, PATRICIA
513 LAKE AVE
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CECIL, DENNY
513 LAKE AVE
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEFFEN, DARLA
513 LAKE AVE
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000007460
01/20/04-80026-004 50.00

**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)(f), 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 605, Florida Statutes.

SIGNATURE: *Patricia H. Cochran* PATRICIA H. COCHRAN 1-15-04 (561)582-1551

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

Date

Daytime Phone #