
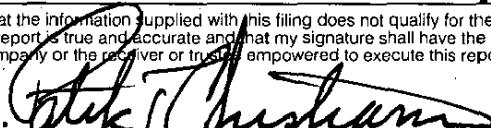


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90330 012 ****50.00

DOCUMENT # L03000017767					
1. Entity Name POTS INVESTMENTS, LLC					
Principal Place of Business 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801			Mailing Address 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
02112004 Chg-LLC				CR2E083 (10/03)	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHRISTIANSEN, PATRICK T. 255 SOUTH ORANGE AVE., STE. 1700 ORLANDO, FL 32801			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Manager Patrick T. Christiansen 255 South Orange Avenue, 17th Floor Orlando, Florida 32801		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			Manager Sean C. Christiansen 736 Upland Road West Palm Beach, Florida 33401		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			Manager Todd M. Christiansen 615 Sheridan Boulevard Orlando, Florida 32804		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			5-28-04 407.843-7860		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		