


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000017767 1. Entity Name POTS INVESTMENTS, LLC	
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Principal Place of Business 420 SOUTH ORANGE AVE SUITE 1200 ORLANDO, FL 32801	Mailing Address PO BOX 231 ORLANDO, FL 32802-0231
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01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1167778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHRISTIANSEN, PATRICK T
420 SOUTH ORANGE AVE
SUITE 1200
ORLANDO, FL 32801**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIANSEN, PATRICK T 420 SOUTH ORANGE AVE SUITE 1200 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIANSEN, SEAN C 4050 SHORECREST DR ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTIANSEN, TODD M 615 SHERIDAN BLVD ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000787225
01/17/08-80075-002 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-13-08 907-419-8546

Date Daytime Phone #

Patrick T. Christiansen