2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005738

Entity Name: POTTER'S MUSEUM, LLC

FILED Feb 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17 KING STREET

ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

6 GRANADA STREET P.O. BOX 528

ST. AUGUSTINE, FL 32085 ST. AUGUSTINE, FL 32085

FEI Number: 20-2281176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PONCE, CHARLES F JR.
6 GRANADA STREET
PONCE, CHARLES F JR.
4 GRANADA STREET

ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: CHARLES PONCE 02/02/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: VP () Delete Title: () Change () Addition

 Name:
 CRAIG, SANDRA L VP
 Name:

 Address:
 1753 SANTANDER STREET
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32080 US
 City-St-Zip:

Title: SECR () Delete Title: S (X) Change () Addition Name: PONCE, KAREN SECRETA Name: PONCE, KAREN SECRETA

Address: 25 SYLVAN DRIVE Address: 348 ST. GEORGE AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN PONCE S 02/02/2007