

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005738

Entity Name: POTTER'S MUSEUM, LLC

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

17 KING STREET  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 528  
ST. AUGUSTINE, FL 32085

## New Mailing Address:

FEI Number: 20-2281176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PONCE, CHARLES F JR.  
4 GRANADA STREET  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

CRAIG, SANDRA  
1753 SANTANDER STREET  
ST. AUGUSTINE, FL 32080 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: SANDRA CRAIG

01/13/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete  
Name: CRAIG, SANDRA L VP  
Address: 1753 SANTANDER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: S ( ) Delete  
Name: PONCE, KAREN SECRETA  
Address: 348 ST. GEORGE AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition  
Name: CRAIG, SANDRA L  
Address: 1753 SANTANDER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: S (X) Change ( ) Addition  
Name: PONCE, KAREN  
Address: 348 ST. GEORGE AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: P ( ) Change (X) Addition  
Name: PONCE, CHARLES F JR.  
Address: 348 ST. GEORGE AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Change (X) Addition  
Name: PONCE, KAREN  
Address: 348 ST. GEORGE AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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

01/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date