

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005738

Entity Name: POTTER'S MUSEUM, LLC

FILED
Mar 31, 2009
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:

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

Name and Address of New Registered Agent:

CRAIG, SANDRA
1737 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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: KIMBER PONCE,
Address: 2645 CR13A S J
City-St-Zip: ELKTON, FL 32033 US

Title: S (X) Change () Addition
Name: PONCE, BRADLEY
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: P (X) Change () Addition
Name: CRAIG, SANDRA
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: CRAIG, JAMES A SR
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

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: KIMBER PONCE

VP

03/31/2009

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