2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L05000078089

Entity Name: P.O.T.S. CAPITAL INVESTMENT, L.L.C.

Current Principal Place of Business:

10405 BRENTFORD DRIVE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

10405 BRENTFORD DRIVE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, ODIL F
10405 BRENTFORD DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	JOSEPH, ODIL F	
Address:	10405 BRENTFORD DRIVE	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	BRAKE, MARK	
Address:	14725 CORAL BERRY DRIVE	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	MUELLER, TERESA	
Address:	3638 LOWER ROSWELL ROAD	
City-St-Zip:	MARIETTA, GA 30068	
Title:	MGRM	( ) Delete
Name:	CASTRO, DAVID	
Address:	3006 SAN NICHOLAS STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	ELDER, DARREN	
Address:	12739 TAR FLOWER DRIVE	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	MCALLISTER, JOHN	
Address:	18103 PEACON GROVE PLACE	
City-St-Zip:	LUTZ, FL 33548	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ODIL F JOSEPH MGR 07/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date