

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078089

FILED
Jul 03, 2007
Secretary of State

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:

Name and Address of New Registered Agent:

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

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 (X) Delete
Name: BRAKE, MARK
Address: 14725 CORAL BERRY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Delete
Name: MUELLER, TERESA
Address: 3638 LOWER ROSWELL ROAD
City-St-Zip: MARIETTA, GA 30068

Title: MGRM (X) Delete
Name: CASTRO, DAVID
Address: 3006 SAN NICHOLAS STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Delete
Name: ELDER, DARREN
Address: 12739 TAR FLOWER DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) 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:

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: ODIL F. JOSEPH

MGR

07/03/2007

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