
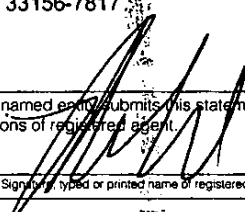
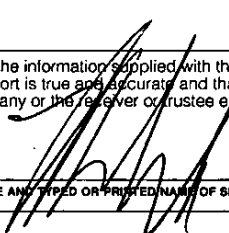


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90056 015 \*\*\*\*50.00

<b>DOCUMENT # L97000000571</b> 1. Entity Name <b>POTTER'S PLACE COMPANY, L.C.</b>					
Principal Place of Business <b>9100 S. DADELAND BLVD., SUITE 1607 MIAMI, FL 33156-7817</b>			Mailing Address <b>9100 S. DADELAND BLVD., SUITE 1607 MIAMI, FL 33156-7817</b>		
2. Principal Place of Business <b>4720 Lejune Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>4720 Lejune Road</b> Suite, Apt. #, etc.			
City & State <b>Coral Gables, Fl.</b>		City & State <b>Coral Gables, Fl.</b>		4. FEI Number <b>65-0780620</b>	
Zip <b>33146</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STORAGE, MICHAEL R 9100 S DADELAND BLVD., STE 1607 MIAMI, FL 33156-7817</b>			7. Name and Address of New Registered Agent Name <b>Storage, Michael R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4720 Lejune Road</b> City <b>Coral Gables,</b> <b>FL</b> Zip Code <b>33146</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/1/2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORAGE, MICHAEL R 9100 S DADELAND BLVD., STE 1607 MIAMI, FL 331567817	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Storage, Michael R. 4720 Lejune Road Coral Gables, Fl. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STORAGE, SARAH 11805 S.W. 66TH AVE. MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Storage, Sarah 7628 S. W. 102 Street, Unit 117 Miami, Fl. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>3/1/2005</b> (305) 662-4802 <small>Daytime Phone #</small>		

20018587



03012005 Chg-LLC CR2E083 (10/03)