2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90026 008 ****50.00 DOCUMENT #L9700000571 POTTER'S PLACE COMPANY, L.C. 20035743 Principal Place of Business Mailing Address **4720 LEJUNE ROAD 4720 LEJUNE ROAD** CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address 4800 LE JEUNE ROAD 4800 LE JEUNE FOAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) CURAL GABLES, FLORIDA City & State 4. FEI Number Applied For CURAL GABLES, FLORIDA 65-0780620 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33146 USA 33146 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL R. STOPACE STORACE, MICHAEL R 4720 LEJUNE ROAD Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33146 CORAL GABLES, 8. The above named entity 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 regist SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when re Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR MGR TITLE Delete MLE (Change ☐ Addition STORACE, MICHAEL R NAME NAME STORACE, MICHAEL R. STREET ADDRESS 4720 LEJUNE ROAD STREET ADDRESS 4800 LE JEUNE ROAD CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP CORAL CABLES, FL. 33146 MGR Delete Change TITLE TITLE MGR. ☐ Addition STORACE, SARAH NAME NAME STORACE, SARAH 7628 S W 102 ST UNIT 117 STREET ADDRESS STREET ADDRESS 4800 LE JEUNE ROAD MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL. 33146 Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZLP CITY-ST-ZIP TITLE ☐ Delete **TITLE** ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 uspee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that they indicated on this repo-limited liability company

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HCHAEL R. STORACE

FILED



POTTER'S PLACE COMPANY, L. C. 4800 LE JEUNE ROAD CORAL GABLES, FLORIDA 33146 (305) 662 – 4800 (305) 667 – 0940

April 24, 2005

Florida Department of State Division of Corporations P. O. Box 6478 Tallahassee, Florida 32314

RE: Potter's Place Company, L. C. O/F#96-6047

Dear Sir or Madam:

Enclosed please find the following:

- (1) Completed 2005 Annual Report for Potter's Place Company, L. C.
- (2) Check #886 in the amount of \$50.00 for the filing fees.

If you need anything else please let us know.

Sincerely

Michael R. Storace

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