## 2002 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 21, 2002 8:00 am Secretary of State

DOCUMENT # L99000002958  1. Entity Name					04-21-2002 90935 001 ***100.00		
POTTE	RY YARD INTERNATIONA	L, L.L.C.	\				
	DO NOT WRITE	IN THIS S	PAC				÷
2. Principal Place of Business C/O Webster & Partners, P.L. 3. Mailing Address C/O Webster & Partners, P.L.					.L.		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  PO Box 2310					DO NOT WRITE IN THIS SPACE		
City & State City & State Winter Park FL Winter Par					4. FEI Number Applied For S9-3577224 Not Applied be		
32789_	USA <sup>untry</sup>	32 <sup>Zip</sup> 32790-2310	Countr USA	<u>y</u>	- <b>5.</b> ₌Certificate of Status	Desired	\$5.00 Additional
				Name D C	7. Name and Address of		Agent
DO NOT WRITE				Name W & P Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road			
IN THIS SPACE				Suite 10			
				Winter I		FL	<sup>2</sup> 32 <sup>2</sup> 789
8. The above	e named entity submits this statement fo	or the purpose of changing its	registered	f office or register	red agent, or both, in the S	State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.				DATE	·
		Make Check Pa	FEE IS \$ Iyable to DUE BY I	Department o	f State		
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	Hill, R.C., II			ADDRESS T-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	<b>-</b>	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS I-ZIP	DO N	OT WRIT	ΓE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET CITY-S	ADDRESS T-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS T-ZIP			
indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver of trustee	that my signature shall have e enhowered to execute this	the exemple same leading the same leading report as repo	otion stated in Se egal effect as if n equired by Chap	ection 119.07(3)(i), Florida nade under oath; that I an ter 608, Florida Statutes. 4/9/02	Statutes. I further certinal a managing member 407-691-6	or manager of the
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME OF	F SIGNING MANAGING MEMBER, MAI	NAGER, DR AI	THORIZED REPRESE	NTATIVE Date	Da	ytime Phone #