

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90015 010 \*\*\*\*50.00

**DOCUMENT # M04000002404**

1. Entity Name  
**NEW ENGLAND POTTERY, LLC**



Principal Place of Business  
~~3140~~ **1340** TREAT BLVD, #600  
WALNUT CREEK, CA 94597

Mailing Address  
~~3140~~ **1340** TREAT BLVD, #600  
WALNUT CREEK, CA 94597

2. Principal Place of Business  
**1340 Treat Blvd.**

3. Mailing Address  
**1340 Treat Blvd.**

Suite/Apt. #, etc.

Suite/Apt. #, etc.

**1000**

**600**

City & State

City & State

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**57-1198837**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired - ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE PC ☐ Delete  
NAME ANTOKAL, ALAN J  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

TITLE D ☐ Delete  
NAME GITITZ, LAWRENCE D  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

TITLE VCF ☐ Delete  
NAME BOOTH, STUART W  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

TITLE V ☐ Delete  
NAME PINCUS, NEIL  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

TITLE ASV ☐ Delete  
NAME YUKNE, WILLIAM F  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

TITLE AS ☐ Delete  
NAME KANE, TIMOTHY  
STREET ADDRESS 1340 TREAT BLVD, #600  
CITY-ST-ZIP WALNUT CREEK, CA 94597

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** T. Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-06