

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002404

FILED
Feb 15, 2008
Secretary of State

Entity Name: NEW ENGLAND POTTERY, LLC

Current Principal Place of Business:

1340 TREAT BLVD
SUITE 600
WALNUT CREEK, CA 94597

New Principal Place of Business:

Current Mailing Address:

1340 TREAT BLVD
SUITE 600
WALNUT CREEK, CA 94597

New Mailing Address:

FEI Number: 57-1198837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PC () Delete
Name: CAZENAVE, BRUCE
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: CEOC () Delete
Name: JOHNSON, BRADLEY P
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: VCF () Delete
Name: BOOTH, STUART W
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: AS () Delete
Name: MACHED, HOWARD
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: AS () Delete
Name: KANE, TIMOTHY
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOC (X) Change () Addition
Name: REED, MICHAEL P
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: MACHECK, HOWARD
Address: 1340 TREAT BLVD, #600
City-St-Zip: WALNUT CREEK, CA 94597

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: TIMOTHY KANE

AS

02/15/2008

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