


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L9800000711
1. Entity Name
WRIGHT HOLDER WATTS, L.C.



Principal Place of Business
1230 FAIRVIEW LANE
RIVIERA BEACH, FL 33404

Mailing Address
540 POWDER SPRINGS ST., STE 27-E
MARIETTA, GA 30064

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0844005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, LAWRENCE J
ACKERMAN, LINK & SARTORY PA
222 LAKEVIEW AVE., STE 1250
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 8, 2004**

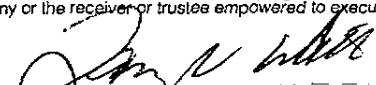
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RJV CORP. 2300 PEACHTREE ROAD, SUITE 1127 ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLDER, DOUGLAS A JR. 8560 EGRET LAKES LANE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATTS, LARRY V 540 POWDER SPRINGS ST., STE. 27-E MARIETTA, GA 30064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/07/04-80017-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: 7-1-04 DAYTIME PHONE #: 770-422-1308

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