

DOCUMENT # 845889

1. Entity Name
ALFRED ALLEN WATTS CO. INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90116 009 ***158.75

Principal Place of Business Mailing Address
2295 South Ocean Blvd. 2295 South Ocean Blvd.
Palm Beach, FL 33480-5357 Palm Beach, FL 33480-5357

2. Principal Place of Business 3. Mailing Address
c/o Edwards & Angell c/o Edwards & Angell
250 Royal Palm Way Suite Apt. # etc. 250 Royal Palm Way Suite Apt. # etc.
Suite 300 Suite 300
City & State City & State
Palm Beach, FL Palm Beach, FL

4. FEI Number 13-5474290 Applied F Not Appli

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

6. Name and Address of Current Registered Agent
D.S. Elliott
1900 Phillips Point West
777 South Flagler Drive
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent
Name Angell Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 250 Royal Palm Way, Suite 300
City Palm Beach FL Zip Code 33480-4356

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.
Angell Corporate Services, Inc.
SIGNATURE By: *Jonathan L. Cole* (NOTE: Registered Agent signature required when reinstating) DATE March 23, 2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Elliott, D.S. 1900 Phillips Point West 777 S. Flagler Drive West Palm Beach, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Kyle, Myra 250 Royal Palm Way Palm Beach, FL 33480-4356 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Myra Kyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DATE: _____