2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 JUN 15 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A08695

1. Entity Name
WATTS & COMPANY, LTD.

Principal Place of Business	Mailing Address
C/O NORTHERN TRUST BANK 700 BRICKELL AVE. MIAMI, FL 33131	C/O NORTHERN TRUST BANK 700 BRICKELL AVE. MIAMI, FL 33131

04222004 Chg-LF CR2E003 (10/03) 4/15

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2003384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATTS, BILL 3110 N.E. 27TH STREET FT. LAUDERDALE, FL 33306	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 Bill Watts DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$4,320.68	4/30/04

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	WATTS, BILL	CITY-ST-ZIP	
STREET ADDRESS	3110 N.E. 27TH ST.		600038166876
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		06/22/04--01066--004 **141.25
DOCUMENT #		STREET ADDRESS	
NAME	WATTS, FRED M	CITY-ST-ZIP	
STREET ADDRESS	205 WORTH AVE., #201		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	777 PASEO DE FLORENCIO
NAME	WATTS, JOAN W	CITY-ST-ZIP	SANTA FE, NM 87501
STREET ADDRESS	777 PASCO DE FLORENCIO		
CITY-ST-ZIP	SANTE FE, NM 87501		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Bill Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #