


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A08695</b> 1. Entity Name <b>WATTS &amp; COMPANY, LTD.</b>	
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Principal Place of Business <b>C/O NORTHERN TRUST BANK 1100 E LAS OLAS BLVD FT LAUDERDALE FL 33301</b>	Mailing Address <b>C/O NORTHERN TRUST BANK 1100 E LAS OLAS BLVD FT LAUDERDALE FL 33301</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

1st MOORE CR2E003 (10/05)

4. FEI Number <b>59-2003384</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WATTS, BILL 3110 N.E. 27TH STREET FT. LAUDERDALE FL 33306</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 4/27/06  
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
	WATTS, BILL		
	STREET ADDRESS		
	3110 N.E. 27TH ST.		
	CITY-ST-ZIP		
	FT. LAUDERDALE FL 33306		
DOCUMENT #	NAME	STREET ADDRESS	
	WATTS, FRED M		
	STREET ADDRESS		
	205 WORTH AVE., #201		
	CITY-ST-ZIP		
	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
	WATTS, JOAN W		
	STREET ADDRESS		
	777 PASEO DE FLORENCIO		
	CITY-ST-ZIP		
	SANTE FE NM 87601		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		

00000554949  
05/16/06-80013-005 500.00

14. 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 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* DATE 4/27/06 PHONE 954-561-3218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE