

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # A08695

1. Entity Name
WATTS & COMPANY, LTD.



Principal Place of Business
**C/O NORTHERN TRUST BANK
1100 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301**

Mailing Address
**C/O NORTHERN TRUST BANK
1100 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301**



DO NOT WRITE IN THIS SPACE

01312007 No Chg-LP

CR2E003 (12/06)

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

**WATTS, BILL
3110 N.E. 27TH STREET
FT. LAUDERDALE, FL 33306**

**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 *Bill Watts*
Signature typed or printed name of registered agent and title if applicable

DATE 4/5/7

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATTS, BILL
3110 N.E. 27TH ST.
FT. LAUDERDALE, FL 33306**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATTS, FRED M
205 WORTH AVE., #201
PALM BEACH, FL 33480**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATTS, JOAN W
777 PASEO DE FLORENCIO
SANTE FE, NM 87501**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80035-006 500.00

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #