

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000108 AV

DOCUMENT # **A08695**

1. Entity Name
WATTS & COMPANY, LTD.



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
**C/O NORTHERN TRUST BANK
700 BRICKELL AVE.
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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)

500019579305

05/20/03--01054--003 **141.25

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$4,320.68

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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
CITY-ST-ZIP
**WATTS, BILL
3110 N.E. 27TH ST.
FT. LAUDERDALE FL 33306**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATTS, FRED M
~~700 MILL VALLEY PLACE~~
WEST PALM BEACH FL 33409**

STREET ADDRESS
CITY-ST-ZIP

**205 North Ave., #201
Palm Beach, FL 33480**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATTS, JOAN W
HG75, BOX 155
GALISTEO NM 87540**

STREET ADDRESS
CITY-ST-ZIP

**777 Paseo De Florencia
Santa Fe, NM 87501**

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STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE