2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000176

1. Entity Name
THE WATTS PARTNERSHIP, A FLA. LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
P.O. BOX 298 ST. AUGUSTINE, FL 32085-0298	P.O. BOX 298 ST. AUGUSTINE, FL 32085-0298

02172004 Chg-LP CR2E003 (10/03)

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
59-3158669
☐ 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
VESTEY, SYDNEY S SR 4902 SANDCASTLE CIR. ST. AUGUSTINE, FL 32084	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: _____ DATE
(Signature of new registered agent, if applicable)

9. Capital Contributions as shown on report	10. Amount of Capital Contributions in FLORIDA to date
$305,116.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #			
NAME	VESTEY, SYDNEY S SR	STREET ADDRESS	U00000082809
STREET ADDRESS	4902 SANDCASTLE CIR	CITY-ST-ZIP	03/10/04-80012-005 526.25
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
DOCUMENT #			
NAME	VESTEY, SONYA K	STREET ADDRESS	
STREET ADDRESS	4902 SANDCASTLE CIR	CITY-ST-ZIP	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
DOCUMENT #			
NAME	VESTEY, SHAWN C	STREET ADDRESS	
STREET ADDRESS	WATAUGUA OVERLOOK ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BOONE, NC 28607		
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: Sonya K Vestey 2/22/04 (904) 824-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #