2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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

03062005 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, typed or printed name of registered agent, and title if applicable.

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

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	VESTEY, SYDNEY S SR	CITY-ST-ZIP	
STREET ADDRESS	4902 SANDCASTLE CIR		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
DOCUMENT #		STREET ADDRESS	
NAME	VESTEY, SONYA K	CITY-ST-ZIP	
STREET ADDRESS	4902 SANDCASTLE CIR		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
DOCUMENT #		STREET ADDRESS	350 Winterberry Trail
NAME	VESTEY, SHAWN C	CITY-ST-ZIP	Boone, NC 28607
STREET ADDRESS	WATAUGUA OVERLOOK ROAD		
CITY-ST-ZIP	BOONE, NC 28607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600049838586 04/05/05--01004--001 **526.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Sydney S Vestey Sr SYDNEY S. VESTEY SR 3/25/05 904-824 7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #