2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 10:53

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

02072006 Chg-LP CR2E003 (11/05)

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. The name and address of the new registered office and/or the new registered agent.

SIGNATURE: _____ Date

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS
NAME	VESTEY, SYDNEY S SR	CITY-ST-ZIP
STREET ADDRESS	4902 SANDCASTLE CIR	900068099919
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	03/20/06--01017--027 **561.25
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
NAME	VESTEY, SHAWN C	CITY-ST-ZIP
STREET ADDRESS	350 WINTERBERRY TRAIL	
CITY-ST-ZIP	BOONE, NC 28607	
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		CITY-ST-ZIP
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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 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, trustee or other court authorized fiduciary; or that I am otherwise authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Sydney S. Vestey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

SYDNEY S. VESTEY, GEN. PARTNER