


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:19

DOCUMENT # A96000002465		
1. Entity Name WATTS INVESTMENTS, LTD.		

Principal Place of Business 20 HILL AVENUE FT. WALTON BCH., FL 32548	Mailing Address 1271 N EGLIN PKWY PO BOX 942 SHALIMAR, FL 32579
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2313452	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATTS, JAMES R 20 HILL AVENUE FT. WALTON BCH., FL 32548		7. Name and Address of New Registered Agent Name <u>Thomas E. Watts</u> Street Address (P.O. Box Number is Not Acceptable) <u>20 Hill Avenue</u> City <u>Fort Walton Beach</u> FL Zip Code <u>32548</u>	
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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 X Thomas E. Watts DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000103414 WATTS MANAGEMENT, INC. 20 HILL AVENUE FT. WALTON BCH., FL 32548	STREET ADDRESS CITY-ST-ZIP	800128119258 05/01/08--01054--005 **\$500.00
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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: X Harry W. Gates, CFO DATE 4-28-08 DAYTIME PHONE # 850-244-2066 (153)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE