

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004162

1. Entity Name
WATTS PROPERTIES, L.L.C.



Principal Place of Business
**3912 PRINCESS LN
PANAMA CITY, FL 32405**

Mailing Address
**3912 PRINCESS LN
PANAMA CITY, FL 32405**



02292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3643368

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATTS, THOMAS W
3912 PRINCESS LN
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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

Tom WATTS MEM

3-10-04

(NOTE: Registered Agent signature required when nominating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**U00000003991
03/16/04-80012-016 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
WATTS, TOM
3912 PRINCESS LN
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **Tom WATTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-10-04

Date

Day - Phone #

850-769-3465