

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004162

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



Principal Place of Business
411 E. 23RD STREET
PANAMA CITY FL 32405

Mailing Address
411 E. 23RD STREET
PANAMA CITY FL 32405

2. Principal Place of Business

3912 PRINCESS LN

Suite, Apt. #, etc.

3. Mailing Address

3912 PRINCESS LANE

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

Zip

32405

Country

FLORIDA

Zip

32405

Country

USA

4. FEI Number 59-3643368

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, JAMES M
411 E. 23RD STREET
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

THOMAS W WATTS

Street Address (P.O. Box Number is Not Acceptable)

3912 PRINCESS LANE

City

PANAMA CITY

FL

Zip Code

32405

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

THOMAS W. WATTS MANAGER

2-12-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MEM
NAME WATTS, TOM
STREET ADDRESS 411 E. 23RD ST
CITY-ST-ZIP PANAMA CITY FL 32405

☐ Delete

TITLE MGRM
NAME WATTS, JAMES
STREET ADDRESS 411 E. 23RD ST
CITY-ST-ZIP PANAMA CITY FL 32405

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE MGRM
NAME TOM WATTS
STREET ADDRESS 3912 PRINCESS LANE
CITY-ST-ZIP PANAMA CITY FL 32405

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 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 REQUIRED

2-12-03

850-769-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)