

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90082 049 ****50.00

DOCUMENT # L00000008305

1. Entity Name
PJG WATSON, L.L.C.



Principal Place of Business
11000 SW 57TH AVENUE
MIAMI FL 33156

Mailing Address
11000 SW 57TH AVENUE
MIAMI FL 33156

2. Principal Place of Business
111 Parrot Jungle Trail
Suite, Apt. #, etc. Miami FL
City & State Miami Beach FL
33132 USA

3. Mailing Address
266 S. Coconut Lane
Suite, Apt. #, etc. Miami Beach FL
City & State Miami Beach FL
33139 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1061497
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LERNER, ALLAN M
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name Bern M. Levine
Street Address (P.O. Box Number is Not Acceptable) 266 S. Coconut Lane
City Miami Beach
FL 33139
Zip 33139

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]* DATE 2/18/3

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGR LEVINE, BERN	<input type="checkbox"/> Delete
STREET ADDRESS	11000 SW 57TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGR Levine, Bern	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	266 S. Coconut Lane	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE 2/18/3 DAYTIME PHONE # 305 674-0009

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

CR2E083 (10/02)