2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000011603

1. Entity Name
WATKINS ORLANDO INVESTMENTS, LLC

Principal Place of Business	Mailing Address
751 CHAMPAGNE RD.	751 CHAMPAGNE RD.
INCLINE VILLAGE, NV 89451	INCLINE VILLAGE, NV 89451

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

01102007   Chg-LLC   CR2E083 (12/06)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVE., SUITE 600 ORLANDO, FL 32801	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	**10.** ADDITIONS / CHANGES
TITLE MGR ☐ Delete NAME WATKINS, LAWRENCE A STREET ADDRESS 751 CHAMPAGNE RD. CITY-ST-ZIP INCLINE VILLAGE, NV 89451	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

11. 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 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: _Watkins_   4-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #