2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000012955

1. Entity Name
WATSON HOMES, LLC

Principal Place of Business	Mailing Address
2210 KEITH LANE MIDLOTHIAN, VA 23113	2210 KEITH LANE MIDLOTHIAN, VA 23113

03282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2580581
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE E. BLACKE, P.A.
3326 NE 33RD STREET
FORT LAUDERDALE, FL 33308

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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 _____
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, 2004

U00000116318
04/16/04-80059-023 50.00

9. ~~MANAGING~~ MEMBERS/MANAGERS

TITLE	MGRM
NAME	WATSON, HARRY L III
STREET ADDRESS	2210 KEITH LANE
CITY-ST-ZIP	MIDLOTHIAN, VA 23113
TITLE	MGRM
NAME	WATSON, BARBARA B.
STREET ADDRESS	2210 KEITH LANE
CITY-ST-ZIP	MIDLOTHIAN, VA 23113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: ✓ Harry L White III mgr 4-12-04 804 794-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #