

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 AM 9:35

1. Entity Name
WATSON CONSTRUCTION CO. LLC



Mailing Address
C/O CALVIN WATSON
3100 PARKRIDGE DRIVE
TALLAHASSEE, FL 32303

3. Mailing Address

Suite, Apt. #, etc.

10182005 REIN-LLC CR2E101 (6/04)

City & State

4. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

Country

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

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 _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WATSON, CALVIN	
STREET ADDRESS	3100 PARK RIDGE DRIVE	
CITY-ST- ZIP	TALLAHASSEE, FL 32305	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANDERSON, CRONELL	
STREET ADDRESS	2409 BRIGHTON ROAD	
CITY - ST - ZIP	TALLAHASSEE, FL 32315	

TITLE	MGRM	<input type="checkbox"/> Deleted
NAME	KNIGHT, CLIFFORD	
STREET ADDRESS	212 NORTH LOWE STREET	
CITY-ST-ZIP	QUINCY, FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	166 Km	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jackson H Parkers		
STREET ADDRESS	167 Sellers Lane		
CITY-ST-ZIP	Brisson La. 39825		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600061043886
STREET ADDRESS	10/31/05--01046--008 **50.00
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<div> REINSTATEMENT </div>
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #