2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000020761 1. Entity Name WATWELL, LLC Principal Place of Business 510 OSCEOLA DRIVE 510 OSCEOLA DRIVE

FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

DESTIN, FL 32541

04192007 No Chg-LLC

CR2E083 (11/05)

Daytime Prone #

4. FEI Number		Applied For
20-0908792	 	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

PORATH, SHANNON L 56 SPIRES LANE #16A SANTA ROSA BEACH, FL 32459

SIGNATURE:

DESTIN, FL 32541 US

DO NOT WRITE IN THIS SPACE

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 it applicable.	(NOTE: Registered Agent signature required when reinstating)	OATE	
	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	WELLBORN, JOHN W			
STREET ADDRESS	510 OSCEOLA DRIVE			
CITY-ST-ZIP	DESTIN, FL 32541			
TITLE	MGRM		U00000724750	
NAME	WATSON, ABRAHAM G		05/02/07-80123-023 50.00	
STREET ADDRESS	510 OSCEOLA DRIVE		03/02/01/201237023 30.00	
CITY-ST-ZIP	DESTIN, FL 32541	j i		
TITLE	MGRM			
NAME	WATSON, LINDA D			
STREET ADDRESS	510 OSCEOLA DRIVE			
CITY-ST-ZIP	DESTIN, FL 32541	I DO	NOT WRITE	
	DE01111, 12 02047			
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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.