2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Aug 30, 2007 8:00 am
Secretary of State
08-13-2007 90046 018 ****50.00

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1. Entity Name
WATSON INVESTMENTS LLC

Principal Place of Business	Mailing Address
11926 SW 13 CT DAVIE, FL 33325 US	11926 SW 13 CT DAVIE, FL 33325 US

08072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5398 SW 183RD Avenue	5398 SW. 183rd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: MIRAMAR, FL
Zip: 33029 Country	Zip: 33029 Country

4. FEI Number: 20-2306102 ☐ Applied For ☐ 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
WATSON, DARREN J MGRM 11926 SW 13 CT DAVIE, FL 33325	Name: SAMUELS, HARRY M Street Address (P.O. Box Number is Not Acceptable): 2901 STIRLING ROAD - SUITE 307 City: FT. LAUDERDALE FL Zip Code: 33312

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: Harry M Samuels 8/7/07
Signature, type 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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WATSON, DARREN 11926 SW 13 CT DAVIE, FL 33325	☐ Delete	MGRM / PRES. WATSON, DARREN J 5398 SW 183rd Avenue MIRAMAR, FL 33029	☑ Change	☐ Addition
		☐ Delete	SIT WATSON, JENNIFER K 5398 SW 183rd Avenue MIRAMAR, FL 33029	☐ Change	☑ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

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: [signature] 8/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #