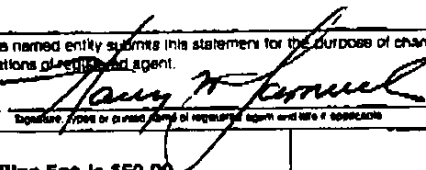
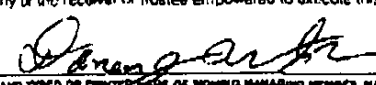


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-13-2007 90046 018 ****50.00

DOCUMENT # L04000035376			
1. Entity Name WATSON INVESTMENTS LLC			
Principal Place of Business 11926 SW 13 CT DAVIE, FL 33325 US		Mailing Address 11926 SW 13 CT DAVIE, FL 33325 US	
2. Principal Place of Business - No P.O. Box # 5398 SW 1834 Avenue		3. Mailing Address 5398 SW 1834 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 WATSON, DARREN J MGRM 11926 SW 13 CT DAVIE, FL 33325			
7. Name and Address of New Registered Agent 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:  DATE: 8/7/07 (Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM / PRES. WATSON, DARREN J 5398 SW 1834 Avenue MIRAMAR, FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIT WATSON, JENNIFER K 5398 SW 1834 Avenue MIRAMAR, FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 		DATE: 8/7/07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30012592



08072007 Chp-LLC CR2E083 (12/08)