
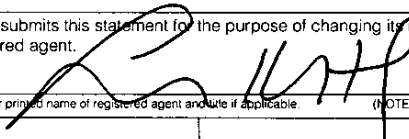
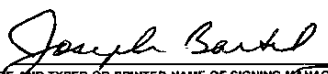


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 003 ****50.00

DOCUMENT # L04000047767					
1. Entity Name ELLIOT WATSON ONE LLC					
Principal Place of Business 2304 PASS-A-GRILLE WAY ST. PETE BEACH, FL 33706			Mailing Address 2304 PASS-A-GRILLE WAY ST. PETE BEACH, FL 33706		
2. Principal Place of Business 1700 Prospect St		3. Mailing Address 1700 Prospect St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota		City & State Sarasota		4. FEI Number 43-2074520	
Zip FL		Country 34239		Applied For Not Applicable	
Zip FL		Country 34239		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RAY 2304 PASS-A-GRILLE WAY ST. PETE BEACH, FL 33706			7. Name and Address of New Registered Agent Name: Lauren Kohl-Helbig Street Address (P.O. Box Number is Not Acceptable): 1800 Second St, Suite 901 City: Sarasota FL Zip Code: 34236		
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: 8/8/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ELLIOT WATSON COMPANIES LLC STREET ADDRESS 2304 PASS-A-GRILLE WAY CITY-ST-ZIP ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1700 Prospect St. CITY-ST-ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME COHEN, JOSEPH Z STREET ADDRESS 2304 PASS-A-GRILLE WAY CITY-ST-ZIP ST. PETE BEACH, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2727 Croton Ave. CITY-ST-ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			on behalf of Elliot Watson One LLC 8/8/05 941 951 3979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

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