



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90027 020 \*\*\*\*50.00

<b>DOCUMENT # L04000054871</b> 1. Entity Name <b>WATSON RD. LLC</b>					
Principal Place of Business <b>2024 HERSCHEL ST. JACKSONVILLE, FL 32204</b>			Mailing Address <b>P.O. BOX 37249 JACKSONVILLE, FL 32236-7249</b>		
2. Principal Place of Business - No P.O. Box # <b>1890 S. 14th St.</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>P. O. Box 706</b> Suite, Apt. #, etc.		<b>60040831</b>  03052007    Chg-LLC    CR2E083 (12/06)	
City & State <b>Fernandina Beach, FL</b>		City & State <b>Fernandina Beach, FL</b>		4. FEI Number <b>20-1449730</b>	
Zip <b>32034</b>		Country <b>Nassau</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TREVETT, HARRY R 1325 ATLANTIC AVE FERNANDINA BEACH, FL 32024</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1890 S. 14th St.    Suite 200</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOCK, WILLIAM J JR 1325 ATLANTIC AVE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREVETT, HARRY R 1325 ATLANTIC AVE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURDIE, THOMAS J 1325 ATLANTIC AVE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 2024 Herschel St. Jacksonville, FL 32204	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____			4/24/07    904-261-8822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		