

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:30

9-15-06  
200.00

DOCUMENT # L04000060463

1. Entity Name  
PATRICK WATSON LLC



Principal Place of Business  
4100 FLORIDA TOWN RD  
PACE, FL 32571

Mailing Address  
4100 FLORIDA TOWN RD  
PACE, FL 32571



2. Principal Place of Business

6244 Pine Terrace Cir.

3. Mailing Address

6244 Pine Terrace Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252006 Chg-LLC CR2E083 (11/05)

City & State  
Milton, FL

City & State  
Milton, FL

4. FEI Number  
45-0539557

Applied For  
Not Applicable

Zip  
32571

Country  
USA

Zip  
32571

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, PATRICK  
4100 FLORIDA TOWN RD  
PACE, FL 32571

7. Name and Address of New Registered Agent

Name Patrick Watson

Street Address (P.O. Box Number is Not Acceptable)

6244 Pine Terrace Cir.

City Milton

FL

Zip Code 32571

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

*Patrick Watson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-25-06

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WATSON, PATRICK  
STREET ADDRESS 4100 FLORIDA TOWN RD  
CITY-ST-ZIP PACE, FL 32571 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Watson, Patrick  
STREET ADDRESS 6244 Pine Terrace Cir.  
CITY-ST-ZIP Milton, FL 32571 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-25-06 (850)623-6192

Date

Daytime Phone #