

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 007 ****50.00



DOCUMENT # L04000068526
 1. Entity Name
WATTSOUND SUPERSTORE, LLC

Principal Place of Business
**2389 ST. ANDREWS BLVD.
 PANAMA CITY, FL 32405**

Mailing Address
**2389 ST. ANDREWS BLVD.
 PANAMA CITY, FL 32405**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01252006 Chg-LLC CR2E083 (11/05)



4. FEI Number
32-0127422

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, DERRICK
 112 E. THIRD CT.
 PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
 NAME **WATTS, THOMAS W**
 STREET ADDRESS **2389 ST. ANDREW BLVD.**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **MGRM** Delete
 NAME **DRENNEN, CLINT**
 STREET ADDRESS **2389 ST. ANDREW BLVD.**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **MGRM** Delete
 NAME **JACKSON, GEORGE**
 STREET ADDRESS **2389 ST. ANDREW BLVD.**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: _____ **3/6/06** **850-769-1221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #