

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000081180

1. Entity Name  
WATSON WEBB, LLC



Principal Place of Business  
5365 E. CO. HWY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

Mailing Address  
5365 E. CO. HWY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

**DO NOT WRITE IN THIS SPACE**

**20043026**



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1843163	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	Not Applicable <input type="checkbox"/>
\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WATSON, FRANKLIN H P.A.  
5365 E. CO. HWY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WATSON, FRANKLIN H  
STREET ADDRESS 5365 E CO HWY 30A, SUITE 105  
CITY-ST-ZIP SEAGROVE BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/27/06

Date

Daytime Phone #