

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081526

FILED
Apr 21, 2006
Secretary of State

Entity Name: WILLIAM R. WATKINSON & ASSOCIATES, LLC

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.,
254
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

14106 TIVOLI TERRACE
BONITA SPRINGS,, FL 34135 US

New Mailing Address:

14106 TIVOLI TERRACE
BONITA SPRINGS,, FL 34135 US

FEI Number: 41-2158543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINSON, WILLIAM R
14106 TIVOILI TERRACE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WATKINSON, WILLIAM R
14106 TIVOLI TERRACE
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE:

04/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WATKINSON, LYNN V
Address: 14106 TIVOLI TERRACE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WATKINSON, WILLIAM R
Address: 14106 TIVOLI TERRACE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: SEC. () Change (X) Addition
Name: WATKINSON, LYNN V
Address: 14106 TIVOLI TERRACE
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R. WATKINSON

MGR

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date