2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082702

Entity Name: STUART A. WATFORD, LLC

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2277 IRONSTONE DRIVE WEST 9838 OLD BAYMEADOWS RD PMB #170 JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

P.O. BOX 19123 9838 OLD BAYMEADOWS RD PMB #170 JACKSONVILLE, FL 32245 US JACKSONVILLE, FL 32256 US

FEI Number: 41-2158001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATFORD, STUART A

2277 IRONSTONE DRIVE WEST

JACKSONVILLE, FL 32246 US

WATFORD, STUART A

9838 OLD BAYMEADOWS RD PMB #170

JACKSONVILLE, FL 32256 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: STUART A WATFORD 01/16/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: WATFORD, STUART A Name: WATFORD, STUART A

Address: 2277 IRONSTONE DRIVE WEST Address: 9838 OLD BAYMEADOWS RD PMB #170

City-St-Zip: JACKSONVILLE, FL 32246 US City-St-Zip: JACKSONVILLE, FL 32256 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: STUART A WATFORD MR 01/16/2007