


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90039 003 ****50.00

DOCUMENT # L04000083899					
1. Entity Name PROFESSIONAL SCUBA ASSOCIATION INTERNATIONAL LLC					
Principal Place of Business 9487 NW 115TH AVE. OCALA, FL 34482			Mailing Address 9487 NW 115TH AVE. OCALA, FL 34482		
2. Principal Place of Business 9425 NW 115 Ave Suite, Apt. #, etc.		3. Mailing Address 9425 NW 115 Ave Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number NOT APPLICABLE	
Zip 34482		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, CARL L 2223 CURRY FORD ROAD ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name <u>Watts, Hal</u> Street Address (P.O. Box Number is Not Acceptable) <u>9425 NW 115 Ave</u> City <u>Ocala</u> FL Zip Code <u>34482</u>		
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: <u>Hal Watts</u> DATE: <u>4/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTS, HAL <input type="checkbox"/> Delete 9487 NW 115TH AVE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Watts, Hal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9425 NW 115 Ave Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete WATTS, JANICE M 9487 NW 115TH AVE OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watts, Janice M 9425 NW 115 Ave Ocala, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Hal Watts 4/6/06 352-861-7724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #