2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1.

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-19-2006 90015 030 ****50.00

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1. Entity Name
WATROUS AND FRANKLIN LLC

Principal Place of Business
3502 HENDERSON BLVD STE 201
TAMPA, FL 33609

Mailing Address
PO BOX 18682
TAMPA, FL 33679

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
4302 Henderson Blvd

Suite, Apt. #, etc.
STE 113

City & State
Tampa FLA

Zip 33629 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 37-1510841 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CASKEY, JOHN
3502 HENDERSON BLVD STE 201
TAMPA, FL 33609

7. Name and Address of New Registered Agent
Name
John Caskey
Street Address (P.O. Box Number is Not Acceptable)
4302 Henderson Boulevard, Suite 113
City Tampa FL Zip Code 33629

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 John Caskey 1/10/06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASKEY, JOHN 3502 HENDERSON BLVD STE 201 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASKEY, JOHN 4302 HENDERSON Blvd STE 113 Tampa FL 33629 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, FRANCINE 3502 HENDERSON BLVD STE 201 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Newton, Francine 4302 Henderson Blvd Ste 113 Tampa FL 33629 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: John L Caskey 1/10/06 813-404-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #