2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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	Mailing Address
3502 HENDERSON BLVD STE 201 TAMPA, FL 33609	PO BOX 18682 TAMPA, FL 33679

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4302 Henderson Blvd	
Suite, Apt. #, etc. STE 113	Suite, Apt. #, etc.
City & State Tampa FLA	City & State
Zip 33629 Country	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	7. Name and Address of New Registered Agent
CASKEY, JOHN 3502 HENDERSON BLVD STE 201 TAMPA, FL 33609	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 L 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	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	MGRM NEWTON, FRANCINE 4302 HENDERSON Blvd Ste 113 Tampa FL 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 #