

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN -4 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000075323			
1. Entity Name WATSON'S FISH CAMP PROPERTIES, LLC			
Principal Place of Business 4195 EAST PARSONS POINT ROAD HERNANDO, FL 33710		Mailing Address 4195 EAST PARSONS POINT ROAD LOT 13 HERNANDO, FL 33710	
2. Principal Place of Business - No P.O. Box # 6981 S. Aloysia Ave.		3. Mailing Address 6981 S. Aloysia Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Floral City FL		City & State Floral City FL	
Zip 34436		Zip 34436	
Country		Country	
4. FEI Number 20-3236734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKNER, JR., ROGER E .MGRM 4195 E PARSONS PT RD LOT 13 HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6981 S. Aloysia Ave. City Floral City FL Zip Code 34436	
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: <i>[Signature]</i> DATE: 4/27/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKNER FAMILY LIMITED PARTNERSHIP 4195 EAST PARSONS POINT ROAD HERNANDO, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgrm Beckner Family Ltd Pshp 6981 S. Aloysia Ave Floral City FL 34436 <input checked="" 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	200104254682 06/12/07--01008--016 **\$800.00 <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
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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: <i>[Signature]</i> DATE: 4/27/07 352-726-222-5 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			