2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000004227

Entity Name: WATSON/LAKE, LLC

Current Principal Place of Business:

5235-B WILLING STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5235-B WILLING STREET
MILTON, FL 32570

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, J. D.
5235-B WILLING STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WATSON, LESLIE	
Address:	5536 STEWART ST.	
City-St-Zip:	MILTON, FL 32570 US	
Title:	MGR	( ) Delete
Name:	WATSON, JAMES A	
Address:	6300 CHERRY LAUREL DRIVE	
City-St-Zip:	MILTON, FL 32570 US	
Title:	MGR	( ) Delete
Name:	WATSON, KIMBERLY	
Address:	7731 ADAGIO AVENUE	
City-St-Zip:	HOUSTON, TX 77040 US	
Title:	MGR	( ) Delete
Name:	COOK, SHAWN W	
Address:	5536 STEWART STREET	
City-St-Zip:	MILTON, FL 32570 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE WATSON MGRM 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date