

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017403

Entity Name: M. KIRBY WATSON, P.L.

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

1405 NINTH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

944 FOURTH STREET NORTH
SUITE 800
ST. PETERSBURG, FL 33701

Current Mailing Address:

1405 NINTH STREET NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

944 FOURTH STREET NORTH
SUITE 800
ST. PETERSBURG, FL 33701

FEI Number: 13-4274213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, M K
1405 NINTH STREET NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

WATSON, M K
944 FOURTH STREET NORTH
SUITE 800
ST. PETERSBURG, FL 33701 US

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:

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATSON, M K
Address: 1405 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, M K
Address: 944 FOURTH STREET NORTH, SUITE 800
City-St-Zip: ST. PETERSBURG, FL 33701

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: M. KIRBY WATSON

MGRM

07/03/2007

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