

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075362

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** LINKSMAN PROPERTIES, LLC

**Current Principal Place of Business:**

1271 N EGLIN PARKWAY  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 942  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

P.O. BOX 942  
SHALIMAR, FL 32579

**FEI Number:** 59-3733412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATTS, JAMES R  
1271 N EGLIN PARKWAY  
SHALIMAR, FL 32579 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: MGR  
Name: WATTS, JAMES R  
Address: 900 SARA DR  
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR  
Name: WATTS, THOMAS E  
Address: 787 CHOCTAN LANE  
City-St-Zip: SHALIMAR, FL 32579

Title: TREA  
Name: WATTS, JOHN P  
Address: 1271 N EGLIN PARKWAY  
City-St-Zip: SHALIMAR, FL 32579 US

I hereby 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:** JAMES R. WATTS

MGR

02/03/2012

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