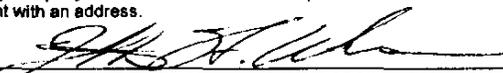


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY -3 PM 12:31

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company WATSON LAND, LLC 5365 E. HWY 30-A SUITE 105 SEAGROVE BEACH, FL 32459		DOCUMENT # L9800000415	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 5365 E. HWY 30-A SUITE 105 SEAGROVE BEACH, FL 32459	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/27/98	
3a. State of Formation FLORIDA		4. FEI Number 59-3514669	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent FRANKLIN H WATSON 381 PITTS BAYSHORE DRIVE FREEPORT, FL 32439		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FRANKLIN H WATSON	5365 E. HWY 30-A SUITE 105	SEAGROVE BEACH, FL 32459
4100002868844-4 -05/10/99--01006--025 ****188.75 ****188.75			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Date: 04/29/99 Daytime Phone #: 850/231-3465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	