




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000415					
1. Entity Name WATSON LAND, L.L.C.					
Principal Place of Business 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459			Mailing Address 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3514669	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATSON, FRANKLIN H P.A. 381 PITTS BAYSHORE DRIVE FREEPORT, FL 32439				7. Name and Address of New Registered Agent Name Franklin H. Watson, P.A. Street Address (P.O. Box Number is Not Acceptable) 5365 E Co Hwy 30-A, Suite 105 City Seagrove Beach	
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.				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 				DATE 7/14/04	
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, FRANKLIN H		NAME	200039350772	
STREET ADDRESS	5385 E. HWY 30-A		STREET ADDRESS	07/20/04--01073--004 **50.00.	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32439		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, LYNN H		NAME		
STREET ADDRESS	5385 E. HWY 30-A STE 105		STREET ADDRESS		
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, CHRISTOPHER H		NAME		
STREET ADDRESS	5385 E. HWY 30-A STE 105		STREET ADDRESS		
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	200039350772	
STREET ADDRESS			STREET ADDRESS	07/20/04--01073--004 **100.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I 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 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: 				DATE 7/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	