

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90280 028 ****50.00

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 Not Applicable	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 EAST COUNTY HIGHWAY 30-A, SUITE 105 SEAGROVE BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, FRANKLIN H 5365 E. HWY 30-A SEAGROVE BEACH, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, CHRISTOPHER H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, LYNN H 5365 E. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
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: <i>Lynn H. Watson</i>		Manager		4/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
Lynn H. Watson, Manager					