

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000415

Entity Name: WATSON LAND, L.L.C.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

5365 E. HWY 30-A STE 105
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5365 E. HWY 30-A STE 105
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3514669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 EAST COUNTY HIGHWAY 30-A, SUITE 105
SEAGROVE BEACH, FL 32459 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 () Delete
Name: WATSON, FRANKLIN H
Address: 5365 E. HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32439

Title: MGR () Delete
Name: WATSON, LYNN H
Address: 5365 E. HWY 30-A STE 105
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: MGR () Delete
Name: WATSON, CHRISTOPHER H
Address: 5365 E. HWY 30-A STE 105
City-St-Zip: SEAGROVE BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANKLIN H. WATSON

MGR

04/24/2008

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