2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L98000000415

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

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 04/29/2009

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