2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Mar 05, 2007 08:00 A DOCUMENT # L99000001418 **Secretary of State** 1. Entity Name G. WATKINS, L.L.C. Principal Place of Business Mailing Address 400 BAY DRIVE SOUTH 400 BAY DRIVE SOUTH **BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. clc. CR2E083 (10/06) 1st MOORE City & State 4. FEI Numbor Applied For City & State 65-0975711 Not Applicable Country Ζιp Country 7in \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo BARNES, GARRET T Street Address (P.O. Box Number is Not Acceptable) 3119 MANATEE AVENUE WEST BRADENTON FL 34205 Zip Code 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 Squakine, typod or printed name of registered agosts trinstalla & applicable. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Delete THE Change Addition IIILE NAM NAMI WATKINS, GREGORY ELLIS U00000656167 STREET ADDRESS 03/14/07-86013-009 50.00 STREET ADDRESS 400 BAY DRIVE SOUTH CHY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34217** Change Addition Delete TITLL III NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CHY-SI-ZIP inology Addition ☐ Change TITLE Delete NAMI' NAME STREET ADDRESS STRUCT ADDRESS CITY-S1-ZiP CHY-S1-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CHY-ST-ZIP □ Change Addition mu Delete THUE NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE Delete 1010 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report is true and accordate and that my signature shall have the same legal effect as if made under eath; 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.

813-996-3606