

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 005 \*\*\*\*50.00

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<b>DOCUMENT # M0000002608</b>					
1. Entity Name A.R. WATSON USA, L.L.C.					
Principal Place of Business 601 W. STATE ST. SEDRO-WOOLLEY, WA 98284			Mailing Address 601 W. STATE ST. SEDRO-WOOLLEY, WA 98284		
2. Principal Place of Business 7040 McDONALD ROAD Suite, Apt. #, etc.		3. Mailing Address 7040 McDONALD ROAD Suite, Apt. #, etc.		02152005 Chg-LLC CR2E083 (10/03)	
City & State IRVINGTON, AL		City & State IRVINGTON, AL		4. FEI Number -94-4746730-76-0764300	
Zip 36544		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, JOHN R		NAME		
STREET ADDRESS	601 W. STATE ST.		STREET ADDRESS		
CITY - ST - ZIP	SEDRO-WOOLLEY, WA 98284		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, A.R.		NAME		
STREET ADDRESS	3201 BELTLINE RD., #124		STREET ADDRESS	4016 E. MARYLAND STREET	
CITY - ST - ZIP	DALLAS, TX 75234		CITY - ST - ZIP	BELLINGHAM, WA 98226	
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		
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)(l), 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: <u>Alan R. Watson</u> _____ DATE: _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
ALAN R. WATSON					