

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 002 \*\*\*\*50.00

**DOCUMENT # M04000000022**

1. Entity Name  
**WATSCO INVESTMENTS LLC**



Principal Place of Business  
**C/O WATSCO, INC. (TAX DEPARTMENT)  
2665 S. BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133**

Mailing Address  
**C/O WATSCO, INC. (TAX DEPARTMENT)  
2665 S. BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133**

**60047149**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**59-2696358**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME LOGAN, BARRY S  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 901  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MENENDEZ, ANA M  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 901  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PS ☐ Delete  
NAME LOGAN, BARRY S  
STREET ADDRESS 2665 S BAYSHORE DR 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASVP ☐ Delete  
NAME MENENDEZ, ANA M  
STREET ADDRESS 2665 S BAYSHORE DR 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME DISTEFANO, EFY  
STREET ADDRESS 2665 S BAYSHORE DR 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME LOGAN, BARRY S  
STREET ADDRESS 2665 S BAYSHORE DR 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*EFY Di Stefano* **EFY DISTEFANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/07**  
Date

**305 714-4100**  
Daytime Phone #