


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-2696358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000901060
 04/29/08-80055-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, BARRY S 2665 S. BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, ANA M 2665 S. BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOGAN, BARRY S 2665 S BAYSHORE DR 901 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP MENENDEZ, ANA M 2665 S BAYSHORE DR 901 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DISTEFANO, EFY 2665 S BAYSHORE DR 901 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. LOGAN, BARRY S 2665 S BAYSHORE DR 901 MIAMI, FL 33133

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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: [Signature] Date: 4/9/2008 Daytime Phone #: 305-714-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE