

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# M0400000022

Entity Name: WATSCO INVESTMENTS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2696358 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: LOGAN, BARRY S
Address: 2665 S. BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: MENENDEZ, ANA M
Address: 2665 S. BAYSHORE DRIVE, SUITE 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: PS
Name: LOGAN, BARRY S
Address: 2665 S BAYSHORE DR 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: ASVP
Name: MENENDEZ, ANA M
Address: 2665 S BAYSHORE DR 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: AT
Name: DISTEFANO, EFY
Address: 2665 S BAYSHORE DR 901
City-St-Zip: COCONUT GROVE, FL 33133

Title: T
Name: MENENDEZ, ANA M
Address: 2665 S BAYSHORE DR 901
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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: EFY DISTEFANO

AT

04/27/2011

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