

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000013

Entity Name: WATCH HOLDINGS, LLC

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

C/O GENERAL ELECTRIC CAPITAL CORPORATION
292 LONG RIDGE ROAD
STAMFORD, CT 06927

New Principal Place of Business:

C/O GE COMMERCIAL FINANCE
292 LONG RIDGE ROAD
STAMFORD, CT 06927

Current Mailing Address:

C/O GENERAL ELECTRIC CAPITAL CORPORATION
292 LONG RIDGE ROAD
STAMFORD, CT 06927

New Mailing Address:

C/O GE COMMERCIAL FINANCE
292 LONG RIDGE ROAD
STAMFORD, CT 06927

FEI Number: 06-1475766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: GENERAL ELECTRIC CAP, ITAL CORPORATI O N
Address: 292 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GE CAPITAL REALTY GR, OUP, INC.
Address: 292 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06927

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: NORA D. RYAN

AS

05/03/2005

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