2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# L04000090658

Entity Name: AGRONOMIC SYSTEMS DESIGN, LLC

Current Principal Place of Business:

4460 LEGENDARY DRIVE
SUITE 400
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 579
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-2046078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, MICHAEL H
101 EAST KENNEDY BOULEVARD STE 2800
TAMPA, FL 33602 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	( ) Delete
Name:	TURLEY, LARRY D	
Address:	4460 LEGENDARY DRIVE, SUITE 400	
City-St-Zip:	DESTIN, FL 32541	
Title:	MEM	( ) Delete
Name:	TURLEY, KATHY	
Address:	4460 LEGENDARY DRIVE, SUITE 400	
City-St-Zip:	DESTIN, FL 32541	
Title:	MEM	( ) Delete
Name:	AGRONOMICS SYSTEMS D, ESIGN GROUP, I N C.	
Address:	4460 LEGENDARY DRIVE, SUITE 400	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY LOU MILLER, CONTROLLER CONT 01/30/2006

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