


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State


01-30-2006 90148 049 ****50.00

DOCUMENT # L00000007572 1. Entity Name ROBINSON IRRIGATION, L.L.C.	
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Principal Place of Business 10210 CYPRESS LKS PRSV DR LAKE WORTH, FL 33467	Mailing Address 10210 CYPRESS LKS PRSV DR LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE

20003352



01222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1037491	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 ROBINSON, CONRAD L 10210 CYPRESS LKS PRSV DR LAKE WORTH, FL 33467
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**DO NOT WRITE
IN THIS SPACE**

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.

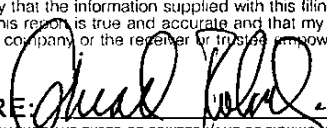
SIGNATURE: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROBINSON, CONRAD L 10210 CYPRESS LKS PRSV DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROBINSON, GEORGIA C 10210 CYPRESS LKS PRSV DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROBINSON, CONRAD L II 5270 PALM WAY LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  1-26-06 561-311-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date (Daytime Phone #)