

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90052 017 ****50.00

DOCUMENT # L00000007572

1. Entity Name
ROBINSON IRRIGATION, L.L.C.



Principal Place of Business
10210 CYPRESS LKS PRSV DR
LAKE WORTH, FL 33467

Mailing Address
10210 CYPRESS LKS PRSV DR
LAKE WORTH, FL 33467



01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1037491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

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

CONRAD ROBINSON
- MGRM -

1-10-07 (561) 310-0000

Date

Daytime Phone #