


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90138 033 \*\*\*138.75

<b>DOCUMENT # L00000007572</b> 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**



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1037491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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.

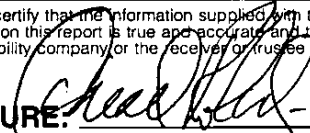
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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:**  **CONRAD ROBINSON**  
- MANAGING MEMBER - 1-30-08 (561) 310-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #