

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013295

FILED
Apr 20, 2005
Secretary of State

Entity Name: DONE RIGHT IRRIGATION, LLC

Current Principal Place of Business:

489 SOUTHEAST GALLEON LANE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

489 SOUTHEAST GALLEON LANE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-1055140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: WILLIS, ANTHONY SCOTT
Address: 714 S.W. COLLEEN AVE.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM () Delete
Name: BEACH, DONA M
Address: 489 SOUTHEAST GALLEON LANE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

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 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: ANTHONY SCOTT WILLIS

MR.

04/20/2005

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