

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047337

**FILED**  
**Apr 22, 2004**  
**Secretary of State**

**Entity Name:** GULF COAST IRRIGATION SERVICES LLC

**Current Principal Place of Business:**

6009 121ST AVENUE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

6009 121ST AVENUE EAST  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 26-1254359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALL BUSINESS ACCOUNTING SERVICES  
16017 N FLORIDA AVE  
129  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

SMALL BUSINESS ACCOUNTING SERVICES  
204 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US

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

04/22/2004

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: YOUNGBLOOD, ROBERT  
Address: 6009 121ST AVE EAST  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

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: ROBERT YOUNGBLOOD

MGR

04/22/2004

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