

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049644

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: MESSICK IRRIGATION SYSTEMS L.L.C.

**Current Principal Place of Business:**

18921 SR 44  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1113  
MOUNT DORA, FL 32756

**New Mailing Address:**

FEI Number: 77-0618631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MESSICK, WALTER PARKS JR  
18921 SR 44  
EUSTIS, FL 32736 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MESSICK, WALTER PARKS JR  
Address: 18921 SR 44  
City-St-Zip: EUSTIS, FL 32736

Title: MGR ( ) Delete  
Name: MESSICK, JANICE R  
Address: 18921 SR 44  
City-St-Zip: EUSTIS, FL 32736

Title: MGR ( ) Delete  
Name: MESSICK, DAVID  
Address: 18921 SR 44  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: WALTER PARKS MESSICK, JR.

MGRM

01/11/2006

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