

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000054349

1. Entity Name
SATELLITE BEACH IRRIGATION LLC



Principal Place of Business
460 PORT ROYAL BLVD
SATELLITE BEACH, FL 32937

Mailing Address
P.O. BOX 372352
SATELLITE BEACH, FL 32937

2. Principal Place of Business <i>n/a</i>		3. Mailing Address <i>n/a</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHITEHEAD, JOHN D 460 PORT ROYAL BLVD SATELLITE BEACH, FL 32937			
7. Name and Address of New Registered Agent Name <i>n/a</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code <i>FL</i>			

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee Is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITEHEAD, JOHN D 440 PORT ROYAL BLVD. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: