

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000011550

1. Entity Name
T & A IRRIGATION LLC



Principal Place of Business
**P O BOX 213
OKEECHOBEE, FL 34973-0213 US**

Mailing Address
**P O BOX 213
OKEECHOBEE, FL 34973-0213 US**



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1095751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, DOUGLAS B
1202 SE 8TH DRIVE
OKEECHOBEE, FL 34974**

**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

Doug McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000515251
04/29/06-80204-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCDONALD, DOUGLAS B
1202 SE 8TH DRIVE
OKEECHOBEE, FL 34974**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Doug McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/06