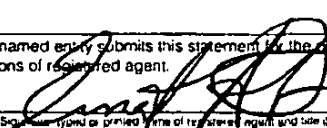
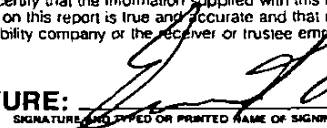


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-11-2006 90016 021 ****50.00

DOCUMENT # L04000017545			
1. Entity Name AUTOMATIC IRRIGATION SYSTEMS LLC			
Principal Place of Business 1782 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327 US		Mailing Address 1782 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327 US	
2. Principal Place of Business 310 HEATHER LN		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HAVANA FL		City & State	
Zip 32333	Country GARDEN	Zip	Country
4. FEI Number 59-3537395		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LINN, ERNEST A 10056 GREEN FOUNTAIN RD TALLAHASSEE FL 32305		7. Name and Address of New Registered Agent Name LINN, ERNEST A Street Address (P.O. Box Number is Not Acceptable) 310 HEATHER LN City HAVANA, FL FL 32333	
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 		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, ERNEST A 10056 GREEN FOUNTAIN RD TALLAHASSEE FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, ERNEST A 310 HEATHER LN HAVANA FL 32333 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, PATRICK L 10056 GREEN FOUNTAIN RD TALLAHASSEE FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, PATRICK L 310 HEATHER LN HAVANA FL 32333 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date _____ Daytime Phone # _____	