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	Mailing Address
1782 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327 US	1782 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
310 Heather LN	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAVANA FL	City & State
Zip: 32333 Country: GASDEN	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 Zip Code: 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	LINN, ERNEST A		NAME	LINN ERNEST A	
STREET ADDRESS	10056 GREEN FOUNTAIN RD		STREET ADDRESS	310 HEATHER LN	
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP	HAVANA FL 32333	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	LINN, PATRICK L		NAME	LINN PATRICK L	
STREET ADDRESS	10056 GREEN FOUNTAIN RD		STREET ADDRESS	310 HEATHER LN	
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP	HAVANA FL 32333	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #