


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000022746</b> 1. Entity Name THOMPSON IRRIGATION LLC	
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Principal Place of Business 521 5TH AVE MARCO ISLAND, FL 34145 US	Mailing Address PO BOX 2385 MARCO ISLAND, FL 34146 US
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**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 87-0722758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, MICHAEL N OWNER 521 5TH AVE MARCO ISLAND, FL 34145
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	U000000299789 04/11/05-80123-025 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, MICHAEL N 521 5TH AVE. MARCO ISLAND, FL 34145
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael N. Thompson 4/9/05 239-394-6811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #