

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000037880	
1. Entity Name THE EXSPIRT LAWN SPRINKLER SYSTEMS L.L.C.	

Principal Place of Business 551 HASOCK LOOP LAKE MARY, FL 32746	Mailing Address 551 HASOCK LOOP LAKE MARY, FL 32746
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01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0827704	Applied For ☐ Not Applicable
5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, DAVID B 551 HASOCK LOOP LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing) **DATE** _____

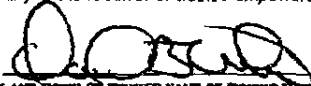
**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, DAVID B 551 HASOCK LOOP LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, BETH A 551 HASOCK LOOP LAKE MARY, FL 32746
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03/08/06 80179-005 55.00

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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:  **2/21/06** **407-463-5227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #