

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90077 026 ****50.00

DOCUMENT # L04000040614					
1. Entity Name GULF IRRIGATION, LLC					
Principal Place of Business 1614 STANFORD ROAD GULF BREEZE, FL 32563			Mailing Address 1614 STANFORD ROAD GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1101796	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, DANIEL W 1614 STANFORD ROAD GULF BREEZE, FL 32563			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, DANIEL W 1614 STANFORD ROAD GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN MASSEY 1260 LAMB BL GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAYNE ERICKSON 1270 LAMB BL GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAYNE ERICKSON 1270 LAMB BL GULF BREEZE, FL 32563	
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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: _____			7-19-07 (850) 932-286		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		