2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

89 VALLEY RIDGE ROAD MONTICELLO FL 32344

DOCUMENT # L04000072433

Country

COLLINS, SHEROD 89 VALLEY RIDGE ROAD

MONTICELLO FL 32344

the obligations of registered agent.

MGRM

COLLINS, SHEROD

89 VALLEY RIDGE ROAD

MONTICELLO FL 32344

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

1. Entity Name

Principal Place of Business

89 VALLEY RIDGE ROAD MONTICELLO FL 32344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

9.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

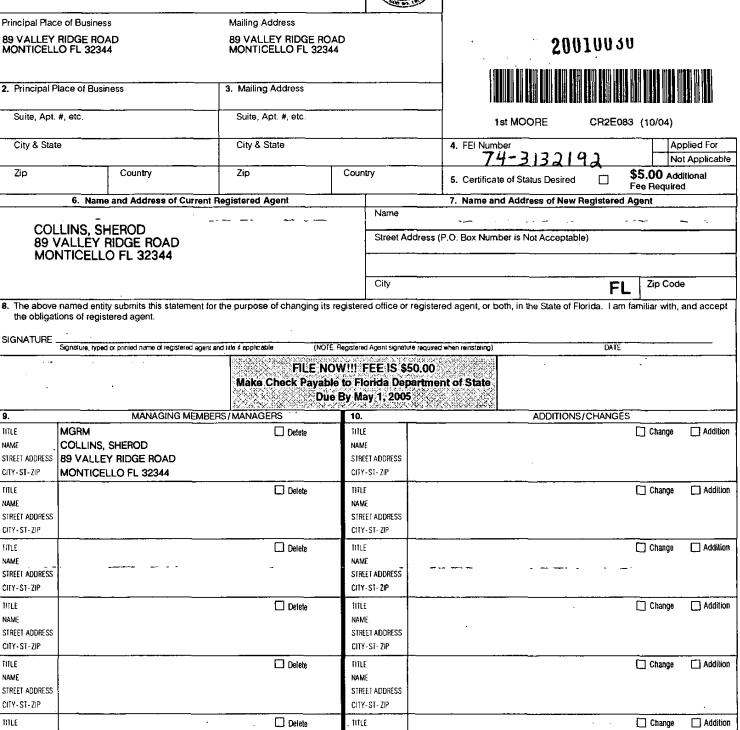
NAME

COLLINS IRRIGATION & REPAIR, LLC



FILED Feb 11, 2005 8:00 am Secretary of State

02-11-2005 90137 021 ****50.00



11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

10.

TITLE

NAME

THEF

NAME

TITLE

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SIGNATURE: PIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE