



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089334 1. Entity Name B & H PANHANDLE IRRIGATION SERVICE LLC	
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Principal Place of Business 478 TURNBERRY RD. CANTONMENT, FL 32533	Mailing Address 478 TURNBERRY RD. CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE



03242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1934876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARTRICK, HOWARD
478 TURNBERRY RD.
CANTONMENT, FL 32533**

**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 Howard Partrick, Howard Partrick MGR 3/30/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**UN00000688500
04/10/07-80086-003 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARTRICK, HOWARD 478 TURNBERRY RD. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARTRICK, BARBARA 478 TURNBERRY RD. CANTONMENT, FL 32533
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Howard Partrick 3/30/07 850-968-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #