

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027968

FILED
Jan 04, 2006
Secretary of State

Entity Name: PUMP AND IRRIGATION SUPPLY COMPANY, LLC

Current Principal Place of Business:

4627 MERCANTILE AVENUE
NAPLES,, FL 34103

New Principal Place of Business:

Current Mailing Address:

4627 MERCANTILE AVENUE
NAPLES,, FL 34103

New Mailing Address:

FEI Number: 59-1741576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI, 1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DENHAM, PHILIP S
Address: 4627 MERCANTILE AVENUE
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: DENHAM, PHILIP S
Address: 4627 MERCANTILE AVENUE
City-St-Zip: NAPLES, FL 34103 US

Title: TS () Change (X) Addition
Name: DENHAM, PHILIP S
Address: 4627 MERCANTILE AVENUE
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Change (X) Addition
Name: DENHAM, DEBRA L
Address: 4627 MERCANTILE AVENUE
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP S. DENHAM

MGR

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date