2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-27-2006 90428 050 ****55.00
L05000040906

FILED

06 MAR 27 AM 9:58 03/27/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000040906

1. Entity Name
TK PUMP & IRRIGATION LLC

Principal Place of Business	Mailing Address
221 PERKINS DRIVE NAPLES FL 34117	221 PERKINS DRIVE NAPLES FL 34117
2. Principal Place of Business: 93 ISLES OF ST. THOMAS	3. Mailing Address: 93 ISLES OF ST. THOMAS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLA	City & State: NAPLES, FLA
Zip: 34114 Country: U.S.A.	Zip: 34114 Country: U.S.A.

4. FEI Number: EIN 34-2045290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, TONY C
221 PERKINS DRIVE
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name: KIRKLAND TONY C
Street Address (P.O. Box Number is Not Acceptable): 93 ISLES OF ST. THOMAS
City: NAPLES FL Zip Code: 34114

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: [signature] 2-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	TONY KIRKLAND	
STREET ADDRESS	93 ISLES OF ST. THOMAS	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #