

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**PENDING**  
 02-06-2006 90178 009 \*\*\*\*\*50.00  
 08-08-2006 90033 013 \*\*\*\*\*50.00  
 L05000041837  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 AUG 28 AM 9:51



2nd MOORE CR2E083 (4/06)

<b>DOCUMENT # L05000041837</b>					
1. Entity Name ROGER'S IRRIGATION BY DOUGLAS GARRETT L.L.C. <i>GARRETT</i>					
Principal Place of Business 24217 ADAIR AVE SORRENTO FL 32776		Mailing Address 24217 ADAIR AVE SORRENTO FL 32776			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARRETT, ROGER 24217 ADAIR AVE SORRENTO FL 32776			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 <i>Roger Garrett</i>			DATE 8-2-06		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when renewing)		
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	<i>OWNER</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Roger GARRETT</i>		NAME		
STREET ADDRESS	<i>24217 Adair Ave</i>		STREET ADDRESS		
CITY - ST - ZIP	<i>Sorrento FL 32776</i>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Roger Garrett</i>			DATE: 8-2-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone: <i>407-402-2925</i>		