

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045073

1. Entity Name
AFFORDABLE ISLAND IRRIGATION LLC



Principal Place of Business
**9421 MOONLIGHT DR.
SANIBEL, FL 33957**

Mailing Address
**9421 MOONLIGHT DR.
SANIBEL, FL 33957**



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2938297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, PAUL D
9421 MOONLIGHT DR.
SANIBEL, FL 33957**

**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 Paul D. Harris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-07 ✓

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARRIS, PAUL D
STREET ADDRESS	9421 MOONLIGHT DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	HARRIS, KATHLEEN M
STREET ADDRESS	9421 MOONLIGHT DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	HARRIS, REBECCA E
STREET ADDRESS	9421 MOONLIGHT DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	HARRIS, MATTHEW R
STREET ADDRESS	9421 MOONLIGHT DR.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80085-001 50.00

**DO NOT WRITE
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: Paul D. Harris ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-07 239395-0419 ✓