# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 07, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L05000085951

1. Entity Name
ORCHID ISLAND IRRIGATION LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 37 PINE ARBOR LANE<br>#204<br>VERO BEACH, FL 32962 | P.O. BOX 382<br>VERO BEACH, FL 32961 |

03272006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
56-2531409
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASHLEY, BRADLEY S
37 PINE ARBOR LANE
#204
VERO BEACH, FL 32962

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | ASHLEY, BRADLEY S |
| STREET ADDRESS | 37 PINE ARBOR LANE #204 |
| CITY-ST-ZIP | VERO BEACH, FL 32962 |
| TITLE | |
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04/22/06-80017-018 55.00

**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:** Bradley S Ashley 4/4/06 772443-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #