

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096608

FILED
Jul 03, 2006
Secretary of State

Entity Name: TROPICAL RAIN SPRINKLERS, L.L.C.

Current Principal Place of Business:

2372 ANZA AVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

2372 ANZA AVE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 20-3585647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANBURGH, JAIMIE R
2372 ANZA AVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

SANBURGH, JAIMIE R
2372 ANZA AVE
SPRING HILL, FL 34609 US

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: JAIMIE SANBURGH

07/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANBURGH, RACHARD
Address: 2372 ANZA AVE
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete
Name: SANBURGH, JAIMIE
Address: 2372 ANZA AVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANBURGH, RICHARD
Address: 2372 ANZA AVE
City-St-Zip: SPRING HILL, FL 34609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIMIE SANBURGH

MGRM

07/03/2006

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