


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 031 ***138.75

DOCUMENT # L06000046836 1. Entity Name AQUA TRENDS IRRIGATION LLC					
Principal Place of Business 274 SW ETERNAL COURT LAKE CITY, FL 32024			Mailing Address 274 SW ETERNAL COURT LAKE CITY, FL 32024		
2. Principal Place of Business - No P.O. Box # 256 SW ETERNAL COURT		3. Mailing Address 256 SW ETERNAL COURT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 20-4728339	
Zip 32024		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLHOUSE, ANDREW F 274 SW ETERNAL COURT LAKE CITY, FL 32024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 256 SW ETERNAL COURT City LAKE CITY FL Zip Code 32024		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLHOUSE, ANDREW F 274 SW ETERNAL COURT LAKE CITY, FL 32024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Andrew Hillhouse</u> ANDREW HILLHOUSE <u>7/14/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					