


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90053 045 ***138.75

DOCUMENT # L07000047413	
1. Entity Name CARIBBEAN RAINS IRRIGATION LLC	

Principal Place of Business 590 6TH STREET NE NAPLES, FL 34120 US	Mailing Address 590 6TH STREET NE NAPLES, FL 34120 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60046006



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1343578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WARD, MICHELLE 590 6TH STREET NE NAPLES, FL 34120		7. Name and Address of New Registered Agent Name WARD, NORBERT Street Address (P.O. Box Number is Not Acceptable) 590 6TH STREET NE City NAPLES FL Zip Code 34120	
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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>Norbert Ward</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 7/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, NORBERT A <input type="checkbox"/> Delete 590 6TH STREET NE NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, MICHELLE <input type="checkbox"/> Delete 590 6TH STREET NE NAPLES, FL 34120	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: <i>Norbert Ward</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 7/8/08	Daytime Phone # 1-239-682-0971