

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/31/2005-90199-017-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:46

DOCUMENT # L04000014903 1. Entry Name TRI-STATE PEANUT PRODUCERS, L.L.C.					
Principal Place of Business 5217 EIGHT AVENUE MALONE, FL 32445		Mailing Address PO BOX 157 MALONE, FL 32445			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0856676	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, RUSSELL S 2879 MADISON STREET MARIANNA, FL 32446				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERETT, EDWIN L 6011 WEST STATE HIGHWAY 27 CHANCELLOR, AL 38316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, LARRY 5018 FORD ROAD GREENWOOD, FL 32443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCALLISTER, JEFF 1898 SOUTH STATE HIGHWAY 95 GORDON, AL 38343	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN, JEFFERY C 6429 LOVEDALE ROAD BASCOM, FL 32423	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROFT, BILLY W 4795 OLD U.S. ROAD MARIANNA, FL 32448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEACOCK, MARK 27513 STATE ROAD 71 NORTH ALTHA, FL 32423	<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 exemption stated in Section 119.07(3)(i), 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>Larry Ford</i>			DATE <i>1-27-05</i>		DAYTIME PHONE # <i>850-589-2671</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					