

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000543

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: AGRILIANCE LLC

**Current Principal Place of Business:**

5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 64101  
LAW DEPARTMENT MS 2500  
ST. PAUL, MN 551640101

**New Mailing Address:**

FEI Number: 41-1961003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIFE, JIM  
Address: 4001 N. LEXINGTON AVENUE  
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR ( ) Delete  
Name: KNUTSON, DAN  
Address: 4001 LEXINGTON AVE. NORTH  
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR (X) Delete  
Name: PALMQUIST, MARK  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: MGR (X) Delete  
Name: BROWNE, RICK  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: PALMQUIST, MARK  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JIM FIFE

MGR

04/24/2008

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