

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001875

FILED
Apr 08, 2008
Secretary of State

Entity Name: MOSAIC CROP NUTRITION, LLC

Current Principal Place of Business:

3033 CAMPUS DRIVE
SUITE E490
PLYMOUTH, MN 554412651 US

New Principal Place of Business:

Current Mailing Address:

3033 CAMPUS DRIVE
SUITE E490
PLYMOUTH, MN 554412651 US

New Mailing Address:

FEI Number: 20-1026205

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: STRANGHOENER, LAWRENCE W
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651 US

Title: MGR () Delete
Name: PROKOPANKO, JAMES T
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MACK, RICHARD L
Address: 3033 CAMPUS DRIVE, SUITE E490
City-St-Zip: PLYMOUTH, MN 554412651

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: LAWRENCE W. STRANGHOENER

MGR

04/08/2008

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