

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027445

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** AGGRISOURCE, LLC

**Current Principal Place of Business:**

110 23RD STREET, N.W.  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7763  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 04-3716528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEHRING, CHRISTOPHER  
110 23RD STREET, N.W.  
NAPLES, FL 34120

**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/MEMBERS:**

**Title:** P ( ) Delete  
**Name:** GEHRIG, CHRISTOPHER  
**Address:** 110 23RD ST NW  
**City-St-Zip:** NAPLES, FL 34120

**Title:** VP ( ) Delete  
**Name:** SMITH, BEN  
**Address:** 2565 68TH ST SW  
**City-St-Zip:** NAPLES, FL 34105

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** GEHRIG, CHRISTOPHER  
**Address:** 110 23RD ST NW  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGR (X) Change ( ) Addition  
**Name:** SMITH, BEN  
**Address:** 2565 68TH ST SW  
**City-St-Zip:** NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CHRISTOPHER GEHRING

MGR

04/28/2004

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