FILED
Apr 02, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005246

1. Entity Name
GOLDEN PEANUT COMPANY, LLC

Principal Place of Business	Mailing Address
100 NORTH POINT CENTER EAST, SUITE 400 ALPHARETTA, GA 30022	100 NORTH POINT CENTER EAST, SUITE 400 ALPHARETTA, GA 30022

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-1709658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COAN, G
STREET ADDRESS	5150 PEACHTREE INDUSTRIAL BLVD #400
CITY-ST-ZIP	NORCROSS, GA 300711309
TITLE	MGRM
NAME	CAMP, WILLIAM
STREET ADDRESS	P.O. BOX 470
CITY-ST-ZIP	DECATUR, IL 62525
TITLE	MGRM
NAME	IZMIRLIAN, D.
STREET ADDRESS	%ALIMENTA S.A.-ROUTE DE SUISSE 154
CITY-ST-ZIP	VERSOIX, GENEVA SWITZERLAND, 1290
TITLE	MGRM
NAME	WAGNER, M.
STREET ADDRESS	600 PEACHTREE STREET, NE, SUITE 4100
CITY-ST-ZIP	ATLANTA, GA 30308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80043-013 50.00

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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: _____ 3-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #