

03-31-2008 90270 008 ***138.75

DOCUMENT # L00000005246 1. Entity Name GOLDEN PEANUT COMPANY, LLC			
Principal Place of Business 100 NORTH POINT CENTER EAST, SUITE 400 ALPHARETTA, GA 30022		Mailing Address 100 NORTH POINT CENTER EAST, SUITE 400 ALPHARETTA, GA 30022	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 <i>[Signature]</i>		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COAN, G 5150 PEACHTREE INDUSTRIAL BLVD #400 NORCROSS, GA 300711309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENT FENTON P.O. BOX 470 DECATUR IL 62525 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMP, WILLIAM P.O. BOX 470 DECATUR, IL 62525 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN RICE 4446 FARIES PRWK DECATUR IL 62524 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IZMIRLIAN, D. %ALIMENTA S.A.-ROUTE DE SUISSE 154 VERSOIX, GENEVA SWITZERLAND, 1290 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, M. 600 PEACHTREE STREET, NE, SUITE 4100 ATLANTA, GA 30308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RON DUDLEY 3125 CUSCO CIRCLE S. WAYZATA MN 55391 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i>		03/18/08	