

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005246

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: GOLDEN PEANUT COMPANY, LLC

## Current Principal Place of Business:

100 NORTH POINT CENTER EAST, SUITE 400  
ALPHARETTA, GA 30022

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH POINT CENTER EAST, SUITE 400  
ALPHARETTA, GA 30022

## New Mailing Address:

FEI Number: 58-1709658

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: MGRM ( ) Delete  
Name: FENTON, BRENT  
Address: POB 470  
City-St-Zip: DECATUR, IL 62525

Title: MGRM ( ) Delete  
Name: RICE, JOHN  
Address: 4666 FARIES PRWK  
City-St-Zip: DECATUR, IL 62526

Title: MGRM ( ) Delete  
Name: IZMIRLIAN, D.  
Address: %ALIMENTA S.A.-ROUTE DE SUISSE 154  
City-St-Zip: VERSOIX, GENEVA SWITZERLAND, 1290

Title: MGRM ( ) Delete  
Name: DUDLEY, RON  
Address: 3125 COSCO CIR  
City-St-Zip: WAYZATA, MN 55391

## ADDITIONS/CHANGES:

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

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

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: FREDERICK J. HOLZGREFE

CFO

03/17/2009

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