


FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90066 001 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000016190

1. Entity Name
AGRITRADE INVESTMENT, LLC



Principal Place of Business
 3606 - 59TH AVENUE WEST
 BRADENTON, FL 34210

Mailing Address
 3606 - 59TH AVENUE WEST
 BRADENTON, FL 34210

2. Principal Place of Business
 3705 54TH DR WEST
 Suite, Apt. #, etc.
 #201

3. Mailing Address
 3705 54TH DR WEST
 Suite, Apt. #, etc.
 #201

City & State
 BRADENTON FL

City & State
 BRADENTON FL

Zip
 34210

Country
 US

Zip
 34210

Country
 US

JUL 25 2003

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W
 1206 MANATEE AVENUE WEST
 BRADENTON, FL 34205

4. FEI Number
52-2339632

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Make Check Payments to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM	WADHWA, RAVI <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3606 - 59TH AVENUE WEST	NAME	3705 54TH DR WEST
STREET ADDRESS	BRADENTON, FL 34210	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Ravi Wadhwa 7/22/03 941-727-9433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)