


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019949 1. Entity Name AGRICULTURAL RISK MANAGEMENT, LLC		
Principal Place of Business 14700 TROYER BROTHERS ROAD FORT MYERS, FL 33913	Mailing Address P.O. BOX 303 ALVA, FL 33920	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TROYER, AARON 22251 PALM BEACH BLVD ALVA, FL 33920		DO NOT WRITE IN THIS SPACE
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 _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TROYER, AARON 22251 PALM BEACH BLVD ALVA, FL 33920	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRS TROYER, DAVID 22251 PALM BEACH BLVD ALVA, FL 33920	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS MACIA, ALBERTO A 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>David G. Budd</u> 4/10/06 (239) 263-7700 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAVID G. BUDD, ASSISTANT SECRETARY		



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0479190

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

000000509323
04/28/06-80039-018 55.00