# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2004**
**Secretary of State**

DOCUMENT# L02000027445

**Entity Name:** AGGRISOURCE, LLC

**Current Principal Place of Business:**

110 23RD STREET, N.W.
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7763
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number: 04-3716528** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEHRING, CHRISTOPHER
110 23RD STREET, N.W.
NAPLES, FL 34120

**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/MEMBERS:**

Title: P ( ) Delete
Name: GEHRIG, CHRISTOPHER
Address: 110 23RD ST NW
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete
Name: SMITH, BEN
Address: 2565 68TH ST SW
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GEHRIG, CHRISTOPHER
Address: 110 23RD ST NW
City-St-Zip: NAPLES, FL 34120

Title: MGR (X) Change ( ) Addition
Name: SMITH, BEN
Address: 2565 68TH ST SW
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER GEHRING MGR 04/28/2004

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