2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L03000012425

1. Entity Name INTERNATIONAL PLANT GENETICS AND TECHNOLOGIES, LLC



04-08-2005 90278 047 ****50.00

Apr 08, 2005 8:00 am Secretary of State

FILED

TEOTINOEOGIEG, EEG				
Principal Place of Business Mallin		Mailing Address	•	
701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33065		701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33065		20028325
			•	.
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For 65-1181209 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33065		DDODATION	Name	
		KEOKATION	Street Ac	idress (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. 1 am familiar with, and accept the obligations of registered agent.				
SIGNATURE	· ·			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signatur	re required when reinstating) DATE
Filing Fee is \$50.00			- Education - +	Make check payable to
Due by May,1, 2005				Florida Department of State
	4/3			and the second of the second of the second of the second of
9.	MANAGING MEMBER		10. *	ADDITIONS/CHANGES CD. MAUAGING MEMBER Totange Addition
NAME	CELEMAN, DANIELE DANIE	Delete	TITLE NAME	DANIEL E. GELEMAN
STREET ADDRESS	8850 NW 20TH ST.	L F. GELFMAN	STREET ADDRESS	DANIEL E. GELFMAN Syol KERWOOD CT (SW SYCT)
City-St-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE -	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROCHE, MARGARITA		NAME	
STREET ADDRESS	8850 NW 20TH ST.		STREET ADDRESS	į
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	
TITLE	_	Delete	TITLE	☐ Change ☐ Addition
name Street address			NAMÉ STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME	1	La Delete	NAME	Change Acunton
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		, .	NAME	The state of the s
STREET ADDRESS			STREET ADDRESS	<u> </u>
CITY::ST::ZIP				
	er in andre e en Man Thele i i i	1.44% 3.E.	_CITY_ST-ZIP	
TITLE	ings, Authorities	Delete	TITLE NAME	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

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