


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000045880 1. Entity Name TALLAHASSEE SEED TESTING, L.L.C.	
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Principal Place of Business 1510 CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 180037 TALLAHASSEE, FL 32318
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0400282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RALPH E JR
2860 MINUET LANE
TALLAHASSEE, FL 32303

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTORMSON, TIMOTHY J 236 32ND AVENUE BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON-GUTORMSON, SHARON L 236 32ND AVENUE BROOKINGS, SD 57006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG JOHNSON, RALPH E JR 1510 CAPITAL CIRCLE SE, SUITE E1 TALLAHASSEE, FL 32301
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04/27/07-800008-017 50.00

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: Ralph E. Johnson, Jr. Ralph E. Johnson, Jr. 4-17-07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 877-3799