

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048503

Entity Name: AGRIPOST, LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

1714 HOBAN ROAD N.W.
WASHINGTON, DC 20007

New Principal Place of Business:

Current Mailing Address:

1714 HOBAN ROAD N.W.
WASHINGTON, DC 20007

New Mailing Address:

FEI Number: 20-1314274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 US

Name and Address of New Registered Agent:

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 331340000 US

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:

04/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORRER, JOHN O
Address: 1714 HOBAN ROAD, NW
City-St-Zip: WASHINGTON, DC 20007

Title: MGR () Delete
Name: WEST, EDWARD C
Address: 5651 NW 24TH TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: KELLER, FREDERICK F
Address: 11 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10003

Title: MGR () Delete
Name: COOKSEY, NEIL
Address: 6060 J.A. JONES DRIVE, SUITE 208
City-St-Zip: CHARLOTTE, NC 28287

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN O. FORRER

MGR

04/06/2007

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