2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L05000011992

Entity Name: WADE AGRICULTURAL SERVICES LLC

Current Principal Place of Business:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE. SUITE 1300
JACKSONVILLE, FL 32202 US

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/MANAGERS:

Title: P ( ) Delete
Name: MCARTHUR, WILLIAM A
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: V ( ) Delete
Name: HENDRIX, CHARLES N
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: ST ( ) Delete
Name: WADE, N G IV
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

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:

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: WILLIAM A. MCARTHUR P 02/02/2007

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