

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075395

FILED
Feb 24, 2008
Secretary of State

Entity Name: ADVANCED SEED TECHNOLOGY, L.L.C.

Current Principal Place of Business:

7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351

New Principal Place of Business:

8441 W. COMMERCIAL BLVD.
TAMARAC, FL 33351

Current Mailing Address:

7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351

New Mailing Address:

8441 W. COMMERCIAL BLVD.
TAMARAC, FL 33351

FEI Number: 20-3242571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER, GEORGE L
7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351 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: MGR () Delete
Name: STERN, EDUARDO
Address: 7809 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33351 US

Title: MGR () Delete
Name: NICOLAYEVSKY, ANDREI
Address: 7809 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33351 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STERN, EDUARDO
Address: 8441 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33351 US

Title: MGR (X) Change () Addition
Name: NICOLAYEVSKY, ANDREI
Address: 8441 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify 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: GOERGE GOBER

ACCN

02/24/2008

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