


APPROVED
03-06-2006 90202 010 *****50.00
FILED
05000083936

3/1
3
3

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

06 JUN -7 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000083936			
1. Entity Name AMERICAN OMNI CROP, LLC			
Principal Place of Business 60 4TH STREET, S.W. WINTER HAVEN, FL 33880		Mailing Address P.O. BOX 1834 WINTER HAVEN, FL 33882	
2. Principal Place of Business <i>60 Fourth St SW</i> State, Apt. #, etc.		3. Mailing Address <i>P.O. Box 9155</i> State, Apt. #, etc.	
City & State <i>Winter Haven, FL</i>		City & State <i>Winter Haven, FL</i>	
Zip <i>33880</i>		Zip <i>33883</i>	
Country <i>FL</i>		Country <i>FL</i>	
4. FEJ Number <i>20-3375216</i>		Accepted For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDEN, ROBERT E JR 60 4TH STREET, S.W. WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip		Zip	
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 _____			
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
<i>Robert E Garden, Jr</i> <input type="checkbox"/> Owner	<i>60 Fourth St SW</i>	<input type="checkbox"/> Chair	<input type="checkbox"/> Advisor
<i>Winter Haven, FL 33880</i>			
<i>Scott Askerooth</i> <input type="checkbox"/> Owner	<i>119-4445+ S #102</i>	<input type="checkbox"/> Chair	<input type="checkbox"/> Advisor
<i>Moorhead, MN 56560</i>			
<i>See Attachment</i> <input type="checkbox"/> Owner		<input type="checkbox"/> Chair	<input type="checkbox"/> Advisor
<input type="checkbox"/> Owner		<input type="checkbox"/> Chair	<input type="checkbox"/> Advisor
<input type="checkbox"/> Owner		<input type="checkbox"/> Chair	<input type="checkbox"/> Advisor
11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 named liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date: <i>3/3/06</i> <i>923-291-3505</i>	

ATTACHMENT

30007363

L05060083936

2006 Limited Liability Company Annual Report

Document #: L05000083936

American Omni Crop
60 Fourth Street SW
Winter Haven, FL 33880

Principals:

Robert E Carden, Jr. - Managing Member

Scott Askerooth - ~~President~~ *Manager*