


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**


01-22-2007 90144 013 \*\*\*\*50.00

<b>DOCUMENT # L05000083936</b> 1. Entity Name <b>AMERICAN OMNI CROP, LLC</b>	
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Principal Place of Business <b>60 FOURTH STREET SW WINTER HAVEN, FL 33880</b>	Mailing Address <b>P.O. BOX 9155 WINTER HAVEN, FL 33883</b>
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**DO NOT WRITE IN THIS SPACE**

**00007201**



01162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3375216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CARDEN, ROBERT E JR.  
60 4TH STREET, S.W.  
WINTER HAVEN, FL 33880**

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

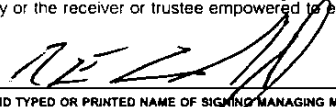
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARDEN, ROBERT E JR. 60 FOURTH STREET SW WINTER HAVEN, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ASKEROOTH, SCOTT 119 4TH STREET S., #102 MOORHEAD, MN 56560</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **1/18/07** **863 291-3505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #