2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT #L06000021443** 04-21-2008 90312 020 ***138.75 MISSION JRD FEED STORE, LLC Principal Place of Business Mailing Address 60025857 6116 SE FEDERAL HIGHWAY 6116 SE FEDERAL HIGHWAY STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4390645 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCARTHUR, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 275 MURCIA DRIVE SUITE 304 JUPITER, FL 33458 SE FEDERAL HWY. 6116 City FL STUART 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. FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM TITLE ☐ Delete TITLE - Change ■ Addition MCARTHUR CHRISTOPHER J. 6116 SE FEDERAL HMY. MCARTHUR, CHRISTOPHER J NAME NAME STREET ADDRESS 275 MURICA DR SUITE 304 STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-7IP STUART FL 34997 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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.

FILED

4-15-08