


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 019 ****55.00

DOCUMENT # L06000048879	
1. Entity Name HDH AGRI PRODUCTS LLC	

Principal Place of Business 896 W. MINNEOLA AV. CLERMONT, FL 34711	Mailing Address 896 W. MINNEOLA AV. CLERMONT, FL 34711
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2. Principal Place of Business - No P.O. Box # 27536 CR 561	3. Mailing Address 27536 CR 561
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAVARES, FL	City & State TAVARES, FL
Zip 32778	Country USA
Zip 32778	Country USA

60004003



01162007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SANDERS, HELEN A 896 W. MINNEOLA AV. CLERMONT, FL 34711	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27536 CR 561 City TAVARES FL Zip Code 32778	
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 <u>Helen A. Sanders</u> <u>Helen A. Sanders</u> <u>01/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, HELEN A 896 W. MINNEOLA AV. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SANDERS, Helen A. 8927 Village Green Blvd Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD, PAUL R SR P.O. BOX 888 TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD, PAUL R JR 1103 LAKE VIEW OAKS DR MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sac./Trea. PAUL R. LEONARD JR. 12214 Woodlea Rd. TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, HOWARD III 2000 LADY AV. OCFEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, DAVID J 420 NORTH STREET CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Helen A. Sanders</u> <u>Helen A. Sanders</u> <u>01/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
