


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000054986</b> 1. Entity Name <b>SUWANNEE AG INVESTMENTS, LLC</b>	
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Principal Place of Business <b>610 PINE AVENUE SW LIVE OAK, FL 32064 US</b>	Mailing Address <b>POST OFFICE BOX 864 LIVE OAK, FL 32064-0864 US -0864</b>
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**DO NOT WRITE IN THIS SPACE**



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-4948140</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

**PAPAPETROU, DEAN  
610 PINE AVENUE SW  
LIVE OAK, FL 32064**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000930682  
05/21/08-80118-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPAPETROU, DEAN 610 PINE AVENUE SW LIVE OAK, FL 32064
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/08 (376) 208 9864