


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000089305 1. Entity Name MCARTHUR SOILS, LLC	
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Principal Place of Business 2451 MCMULLEN BOOTH ROAD SUITE 252 CLEARWATER, FL 33759	Mailing Address 1550 N.E. 208TH STREET OKEECHOBEE, FL 34972
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01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0597240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TANGEMAN, ANDREW F 2451 MCMULLEN BOOTH ROAD SUITE 252 CLEARWATER, FL 33759	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AGRIGY INC. 2451 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCARTHUR FARMS, INC. 1550 N.E. 208TH STREET OKEECHOBEE, FL 34972
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01/16/08-80005-017 138.75

**DO NOT WRITE
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: <u>Bob Rydzewski</u> <u>Bob Rydzewski</u> <u>1/9/08</u> <u>863-763-4623</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>