2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L06000106468

Entity Name: BUNGE LATIN AMERICA, LLC

Current Principal Place of Business:

2655 S. LEJEUNE ROAD
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 S. LEJEUNE ROAD
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-5846120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	PD	( ) Delete
Name:	HAUSMANN, CARL L	
Address:	11720 BORMAN DR.	
City-St-Zip:	ST. LOUIS, MO 63146	
Title:	SVPD	( ) Delete
Name:	SCHARF, MICHAEL D	
Address:	11720 BORMAN DR.	
City-St-Zip:	ST. LOUIS, MO 63146	
Title:	VP	( ) Delete
Name:	MALDONADO, DANIEL	
Address:	2655 S. LEJEUNE RD.	
City-St-Zip:	MIAMI, FL 33143	
Title:	S	( ) Delete
Name:	KABBES, DAVID G	
Address:	11720 BORMAN DR.	
City-St-Zip:	ST. LOUIS, MO 63146	
Title:	T	( ) Delete
Name:	GARG, PRANAV	
Address:	2655 S. LEJEUNE RD.	
City-St-Zip:	MIAMI, FL 33134	
Title:	AC	( ) Delete
Name:	THEBEAU, GREGORY L	
Address:	11720 BORMAN DRIVE	
City-St-Zip:	ST. LOUIS, MO 63146	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY L. THEBEAU AC 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date