

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116825

**FILED**  
**May 04, 2012**  
**Secretary of State**

**Entity Name:** A & P AGRICULTURE COMPANY, LLC

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE, SUITE 304  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

ONE LINCOLN PLACE, 1900 GLADES RD.  
STE. 355  
BOCA RATON, FL 33431

**Current Mailing Address:**

3300 UNIVERSITY DRIVE, SUITE 304  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

ONE LINCOLN PLACE, 1900 GLADES RD.  
STE. 355  
BOCA RATON, FL 33431

**FEI Number:** 26-1555675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLIN, ALAN J  
3300 UNIVERSITY DRIVE, SUITE 304  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

POLIN, ALAN J  
ONE LINCOLN PLACE, 1900 GLADES RD.  
STE. 355  
BOCA RATON, FL 33431 US

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: \_\_\_\_\_

05/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POLIN, ALAN J  
Address: ONE LINCOLN PLACE, 1900 GLADES RD., #355  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: DONNELLY, PATRICK B  
Address: ONE LINCOLN PLACE, 1900 GLADES RD., #355  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: ALAN J. POLIN

MGRM

05/04/2012

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