

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001875

Entity Name: MOSAIC CROP NUTRITION, LLC

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 55441

## Current Mailing Address:

3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 55441

## New Principal Place of Business:

3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 554412651 US

## New Mailing Address:

3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 554412651 US

FEI Number: 20-1026205

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: AVP ( ) Delete  
Name: FAIRCHILD, DEAN  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

Title: CEOP ( ) Delete  
Name: CORRIGAN, FREDRIC  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

Title: MGR ( ) Delete  
Name: CORRIGAN, FREDRIC  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

Title: MGR (X) Delete  
Name: THOMPSON, JAMES  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

Title: VP (X) Delete  
Name: THOMPSON, JAMES  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

Title: VP (X) Delete  
Name: MORRIS, EDGAR  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: STRANGHOENER, LAWRENCE W  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: MGR (X) Change ( ) Addition  
Name: CORRIGAN, FREDRIC W  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441 US

Title: MGR (X) Change ( ) Addition  
Name: THOMPSON, JAMES T  
Address: 3033 CAMPUS DRIVE, SUITE E490  
City-St-Zip: PLYMOUTH, MN 55441 US

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 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: LAWRENCE W. STRANGHOENER

MGR

04/06/2006

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