

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002031

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: AGRICREDIT ACCEPTANCE LLC

**Current Principal Place of Business:**

8001 BIRCHWOOD COURT, SUITE C  
JOHNSTON, IA 501312930

**New Principal Place of Business:**

**Current Mailing Address:**

8001 BIRCHWOOD COURT, SUITE C  
JOHNSTON, IA 501312930

**New Mailing Address:**

PO BOX 2000  
JOHNSTON, IA 501312930

FEI Number: 42-1502207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: DE LAGE LANDEN FINAN, CIAL SERVICES, INC.  
Address: 8001 BIRCHWOOD COURT, SUITE C  
City-St-Zip: JOHNSTON, IA 501312930

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DE LAGE LANDEN FINAN, CIAL SERVICES, INC.  
Address: 1111 OLD EAGLE SCHOOL RD  
City-St-Zip: WAYNE, PA 19087

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: JOSH NIELSEN

TAX

04/22/2008

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