
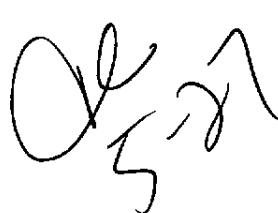


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 26 AM 11:07	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000634 MCLEAN/BIAGRO RESEARCH AND DEVELOPMENT COM PANY, LLC 35803 ROAD 132 VISALIA CA 93292		1a. Principal Place of Business Address 35803 ROAD 132 VISALIA CA 93292	
2. Principal Place of Business Florida Suite, Apt. #, etc. 904 Jan Mar Court Suite A City & State Clermont, FL Zip 34711		2a. Mailing Address P.O. Box 1044 Suite, Apt. #, etc. A City & State Minneola, FL 34755 Zip Country USA		3. Date Organized or Qualified 09/25/1997 3a. State of Formation CA 4. FEI Number NOT APPLICABLE 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MCLEAN, BEN III 904 JAN MAR COURT, SUITE A CLERMONT FL 34711		8. Name and Address of New Registered Agent/Office Name McLean, Ben III Street Address (P.O. Box Number is Not Acceptable) 904 Jan Mar Court Suite, Apt. #, etc. Suite A City Clermont Zip Code FL 34711			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Ben McLean III</i></u> DATE <u>4/15/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MCLEAN CHEMICAL SALES	904 Jan Mar Court Suite A		Clermont, FL 34711 500002545945--9 -06/03/98--01053--009 ****188.75 ****188.75 	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Ben McLean III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/15/98

Date

352-242-9987

Daytime Phone #