


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # M9800000226 1. Entity Name GLOBAL AGRICULTURAL TECHNOLOGY AND ENGINEERING, A LIMITED LIABILITY COMPANY	
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Principal Place of Business 2850 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311-2514 US	Mailing Address 2850 NORTH ANDREWS AVENUE WILTON MANORS, FL 33311-2514 US
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04022008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 65-0829794	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C. CHRISTIAN SAUTTER, P.A.
 2850 NORTH ANDREWS AVENUE
 WILTON MANORS, FL 33311-2514



8. 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. I am familiar with, and accept the obligations of registered agent.

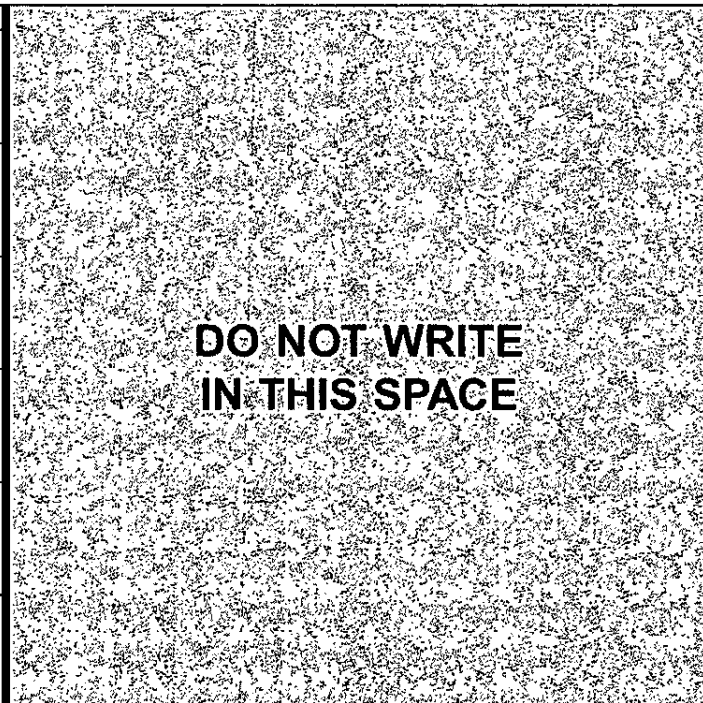
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000878924
 04/14/08-80075-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, JOHN R 3490 MARSHA LN VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHAN, GILLIAN 23 CHESTNUT ST WELLESLEY HILLS, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSEN, ERIC AALL BLDG BOX 1166 GT, NORTH CHURCH STREET GEORGETOWN, GRAND CAYMAN ISL, - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, MICHAEL D 2930 MEDINAH WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____