

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000586

1. Entity Name
ROYSTER-CLARK AGRIBUSINESS REALTY LLC



Principal Place of Business

**6 EXECUTIVE DRIVE
COLLINSVILLE, IL 62234**

Mailing Address

**P O BOX 1986
COLLINSVILLE, IL 62234-1986**



03172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3648546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000097016
03/26/04-80021-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROYSTER-CLARK AGRIBUSINESS REALTY LLC
600 FIFTH AVE., 25TH FLOOR
NEW YORK, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JENKINS, FRANCIS P
600 FIFTH AVE., 25TH FLOOR
NEW YORK, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOSHENEK, G. KENNETH
999 WATERSIDE DR., SUITE 800
NORFOLK, VA 23510**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MURPHY, PAUL
999 WATERSIDE DR., SUITE 800
NORFOLK, VA 23510**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUNBAR, JOEL
6 EXECUTIVE DR.
COLLINSVILLE, IL 62234**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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:

Joel Dunbar

Joel Dunbar

3-17-04

618-346-7361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #