## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9900000586

1. Entity Name



**FILED** Jan 16, 2003 8:00 am Secretary of State

noisit	ER-CLARK AGRIBUSINESS RE	ALTY LLC	1						
Principal Pi	ace of Business	Mailing Address			-				
6 EXECUTIVE	•								
COLLINSVILL		P O BOX 1996 COLLINSVILLE IL 62234-1	986						
2. Principa	I Place of Business	3. Mailing Address	<del></del> -	<del></del>					
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES					
					4. FEI Number 22-3648546 Applied For				
Zip	Country	Zip	Country	<u>_</u>	5. Certificate	of Status Desired	<u> </u>	\$5.00 A	Not Applicab
	6. Name and Address of Current	Registered Agent	<del>-</del>				_	Fee Requi	
				me.	7. Name and /	Address of New	Registered A	Agent	<u>-</u>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Stre	eet Address (F	P.O. Box Number	is Not Acceptab	le)		
			City	,	<u> </u>	<u> </u>	FL	Zip Co	de
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered offic	ce or registere	ed agent, or both.	in the State of El	lorida Lam f		
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SIGNATURE									
· -	Signature, typed or printed name of registered agent a	nd title if applicable		-	·——				
	Signature, typed or printed name of registered agent a		E: Registered Agent s		when reinstating)		DATE		
	Signature, typed or printed name of registered agent a	FILE NO	OW!!! FEE !	S \$50.00			DATE	<del></del>	
	Signature, typed or printed name of registered agent a	FILE NO Make Check Payab	OW!!! FEE I	S \$50.00 Departmen		2.0%	DATE		
9.	Signature, typed or printed name of registered agent a	FILE NO Make Check Payab Due	OW!!! FEE I le to Florida e By May 1, 2	S \$50.00 Departmen					····
	Signature, typed or printed name of registered agent a  MANAGING MEMBER	FILE NO Make Check Payable Due	OW!!! FEE I le to Florida e By May 1, 2	S \$50.00 Departmen		ADDITIONS	/CHANGES		
9.	Signature, typed or printed name of registered agent a  MANAGING MEMBER	FILE NO Make Check Payable Due	OW!!! FEE I le to Florida e By May 1, 2	S \$50.00 Departmen			/CHANGES	☐ Change	Addition
9. Title Name Street address	MANAGING MEMBER MGRM ROYSTER-CLARK AGRIBUSSINES 600 FIFTH AVE., 25TH FLOOR	FILE NO Make Check Payable Due	OW!!! FEE I le to Florida e By May 1, 2	S \$50.00 Departmen 2003			/CHANGES	☐ Change	Addition
9. TITLE NAME	MANAGING MEMBER MGRM ROYSTER-CLARK AGRIBUSSINES 600 FIFTH AVE., 25TH FLOOR NEW YORK NY 10020	FILE NO Make Check Payable Due	DW!!! FEE I le to Florida e By May 1, 2 10. TITLE NAME	S \$50.00 Departmen 2003			/CHANGES	☐ Change	Addition
9. Title Name Street adoress City-S1-Zip	MANAGING MEMBER MGRM ROYSTER-CLARK AGRIBUSSINES 600 FIFTH AVE., 25TH FLOOR NEW YORK NY 10020 MGR	FILE NO Make Check Payable Due	DW!!! FEE I le to Florida e By May 1, 2  10.  TITLE NAME STREET ADDRE	S \$50.00 Departmen 2003			/CHANGES		
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9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  IAME  STREET ADDRESS	MANAGING MEMBER MGRM ROYSTER-CLARK AGRIBUSSINES 600 FIFTH AVE., 25TH FLOOR NEW YORK NY 10020 MGR JENKINS, FRANCIS P 600 FIFTH AVE., 25TH FLLOR	FILE NO Make Check Payable Due	DW!!! FEE I le to Florida e By May 1, 2  10.  TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	S \$50.00 Departmen 2003			/CHANGES		Addition
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11. 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joel Dunbari

618 346-7361