2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# M99000000970

Entity Name: AGRO DISTRIBUTION, LLC

Current Principal Place of Business:

5500 CENEX DRIVE
INVER GROVE HEIGHTS, MN 55077

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 64101
MS 2500
ST. PAUL, MN 551640101

New Mailing Address:

FEI Number: 41-1941923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: PALMQUIST, MARK
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: MGR ( ) Delete
Name: KNUTSON, DAN
Address: 4001 N. LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR (X) Delete
Name: BROWNE, RICK
Address: 5500 CENEX DRIVE
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: MGR (X) Delete
Name: FIFE, JIM
Address: 4001 LEXINGTON AVENUE NORTH
City-St-Zip: ARDEN HILLS, MN 55126

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FIFE, JIM
Address: 4001 N. LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 55126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JIM FIFE MGR 04/24/2008

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