2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001833

1. Entity Name
ROYSTER-CLARK RESOURCES, LLC

Principal Place of Business	Mailing Address
6 EXECUTIVE DRIVE COLLINSVILLE, IL 62234	P O BOX 1986 COLLINSVILLE, IL 62234-1986

01042005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3652274
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000279428
03/28/05-80065-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROYSTER-CLARK AGRIBUSINESS, INC.
STREET ADDRESS	10 ROCKEFELLER PLAZA, 11TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGR
NAME	MOSHENEK, G. KENNETH
STREET ADDRESS	999 WATERSIDE DR., SUITE 800
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	DC
NAME	DUNBAR, JOEL
STREET ADDRESS	6 EXECUTIVE DRIVE
CITY-ST-ZIP	COLLINSVILLE, IL 62234
TITLE	MGR
NAME	JENKINS, FRANCIS P
STREET ADDRESS	6 EXECUTIVE DR.
CITY-ST-ZIP	COLLINSVILLE, NY 10020
TITLE	MGR
NAME	ABOOD, RANDOLPH G
STREET ADDRESS	600 FIFTH AVE., 25TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
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 F. Dunbar JOEL F DUNBAR 3-22-05 618 346-7861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #