



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee: \$50.00*** • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 159311		2. Exact name of the limited liability company Phibro LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Trades for its own account in physical commodities	
5. Principal office address 500 Nyala Farms Road		City West Port	State CT
		Zip 06880	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa A. Hoffman		Contact Title Vice President	
Street Address P.O. Box 30509		City Tampa	State FL
		Zip 33631	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Manager Name Andrew J Hall		Manager Name Malcolm McAvity	
Street Address 500 Nyala Farms		Street Address 500 Nyala Farms	
City West Port	State CT	City West Port	State CT
Zip 06880		Zip 06880	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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SECRETARY OF STATE
CORPORATIONS DIV
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person
Date **9-25-08**
Lisa A. Hoffman
Print or Type Name of Authorized Person

FILED	
File Date	SEP 26 2008
Check No.	5113411696
By	By
FOR SECRETARY OF STATE USE ONLY	