


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90011 029 \*\*\*\*50.00

**DOCUMENT # M02000003448**

1. Entity Name  
**STOCK YARDS MEAT PACKING COMPANY, LLC**




Principal Place of Business      Mailing Address  
**9755 PATUXENT WOODS DRIVE**      **9755 PATUXENT WOODS DRIVE**  
**COLUMBIA, MD 21046**                      **COLUMBIA, MD 21046**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



04052004    Chg-LLC      CR2E083 (10/03)

4. FEI Number  
**86-1056272**      Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**      Name  
**1201 HAYS STREET**                              Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE, FL 32301-2525**

City    **FL**      Zip Code


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMSON, DAVID M 9755 PATUXENT WOODS DRIVE COLUMBIA, MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Please see attached Manager List</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JAMES L 9755 PATUXENT WOODS DRIVE COLUMBIA, MD 21046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBERHARDT, DAVID B 9755 PATUXENT WOODS DR COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**       **David B. Eberhardt**      4/22/04      410-312-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

Attachment 24051980  
#NO200003448

**STOCK YARDS MEAT PACKING COMPANY, LLC**

9755 Patuxent Woods Drive  
Columbia, Maryland 21048  
Telephone: (410) 312-7100

(Corporate address and telephone number for all Managers.)

**MANAGERS**

LAWRENCE S. BENJAMIN

DAVID B. EBERHARDT

DAVID ICKES

RICK BARNHARDT

JOHN BUSH

RALPH RUSCIOLELLI

ROBERT W. GILLISON

CHARLES M. INOKON