


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 AM 9:35

DOCUMENT # M03000001287			
1. Entity Name DAIRICONCEPTS MANAGEMENT, L.L.C.			
Principal Place of Business 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802-2540		Mailing Address 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802-2540	
2. Principal Place of Business		3. Mailing Address 10220 N Ambassador Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kansas City, MO	
Zip		Zip 64153	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 <u>SEE ATTACHED</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIRY FARMERS OF AMERICA, INC. 10220 N. AMBASSADOR DR KANSAS CITY, MO 64153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400061043804 10/31/05--01045--012 **\$5.00
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
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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
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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.			
DairiConcepts Management, LLC, By Dairy Farmers of America, Inc., it's member.			
SIGNATURE: By: <u>David A. Geisler</u>		Date: 10/26/05 (816)801-6455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

David A. Geisler, Corporate Vice President/Legal

*Having been named as registered agent and to accept service of process for
DairiConcepts Management, L.L.C. at the place herein designated:*

CT Corporation System
c/o CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

*I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relating to the proper and
complete performance of my duties, and I am familiar with and accept the obligations of
my position as registered agent for in Chapter 608, F.S.*

Dated: October 26, 2005

CT Corporation System

By: John J. Linnihan
John J. Linnihan, Asst. Vice President