


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001287 1. Entity Name DAIRICONCEPTS MANAGEMENT, L.L.C.	
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Principal Place of Business 3253 E CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802-2540	Mailing Address 10220 N AMBASSADOR DR KANSAS CITY, MO 64153
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DO NOT WRITE IN THIS SPACE



06132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 43-1883246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

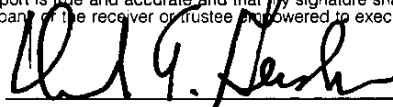
Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIRY FARMERS OF AMERICA, INC. 10220 N. AMBASSADOR DR KANSAS CITY, MO 64153
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 06/22/07-80001-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A. Geisler** (816) 801-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #