


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002257**  
 1. Entity Name  
**KELLER'S CREAMERY MANAGEMENT, LLC**



Principal Place of Business <b>10220 N. AMBASSADOR DRIVE          NORTHPOINTE TOWER, SUITE 1000          KANSAS CITY, MO 64153</b>	Mailing Address <b>10220 N. AMBASSADOR DRIVE          NORTHPOINTE TOWER, SUITE 1000          KANSAS CITY, MO 64153</b>
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06032004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3739020</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OTIS, FRANK 855 MAPLE AVE. HARLEYSVILLE, PA 19438
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 06/10/04-80004-002 50.00

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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)(f), 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 606, Florida Statutes.

SIGNATURE: Chris G. Hersh **6/3/04 (816) 801-6455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #