

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # B05000000517</b>	
1. Entity Name AGRI-MAX FINANCIAL SERVICES, L.P.	



FILED

07 JUN 26 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10220 N. AMBASSADOR DR. KANSAS CITY, MO 64153	Mailing Address 10220 N. AMBASSADOR DR. KANSAS CITY, MO 64153
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06132007 Chg-LP CR2E003 (12/06)

4. FEI Number <del>APPLIED FOR</del> 75-2904632	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

<b>7. Name and Address of New Registered Agent</b>	
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 _____	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000006603	STREET ADDRESS	
NAME	DAIRY FINANCING MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	5840 WEST I-20, STE. 120		
CITY-ST-ZIP	ARLINGTON, TX 76017		
DOCUMENT #		STREET ADDRESS	200105975982
NAME		CITY-ST-ZIP	07/10/07--01045--020 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>	David G. Meyer	6-26-07	(816) 801-6458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #