2008 LIMITED PARTNERSHIP-ANNUAL REPORT

FILED Feb 29, 2008 08:00 AN Secretary of State **Due By May 1, 2008** DOCUMENT # B05000000517 AGRI-MAX FINANCIAL SERVICES, L.P. Principal Place of Business Mailing Address 10220 N. AMBASSADOR DR. 10220 N. AMBASSADOR DR. KANSAS CITY, MO 64153 KANSAS CITY, MO 64153 02192008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2904632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. (1000000844135 '08-800&&=024 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 M05000006603 DOCUMENT # NAME DAIRY FINANCING MANAGEMENT, LLC STREET ADDRESS 5840 WEST I-20, STE. 120 CITY-ST-ZIP ARLINGTON, TX 76017 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David G. Meyer President of General Partner

*2-2*0-2008

BIG. 801 6455

Daytime Phone #