2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: Demanu SIGNATURE AND TYPED OF

Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90054 011 ****55.00 DOCUMENT # L02000003441 MONTICELLO MILLING COMPANY, LLC Principal Place of Business Mailing Address 700 EAST YORK STREET PO By 207 20042641 700 EAST YORK STREET MONTICELLO, FL 32344 MONTICELLO, FL 32344 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0388429 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIRD, T. BUCKINGHAM 165 East Dugwood DO NOT WRITE 985 N. JEFFERSON MONTICELLO, FL 32344 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. Signature, lyned or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TILLE BISHOP, BENJAMIN D NAME STREET ADDRESS 739 SEVEN BRIDGES ROAD CITY-ST-ZIP MONTICELLO, FL 32344 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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.

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #