

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90149 048 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000112800 1. Entity Name MILAM DAIRY GROUP, LLC			
Principal Place of Business 2801 PONCE DE LEON BLVD., #1000 CORAL GABLES, FL 33134		Mailing Address 2801 PONCE DE LEON BLVD., #1000 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 95 MERRICK WAY Suite, Apt. #, etc. Suite 220 City & State CORAL GABLES, FL Zip 33134		3. Mailing Address 95 MERRICK WAY Suite, Apt. #, etc. Suite 220 City & State CORAL GABLES, FL Zip 33134	
4. FEI Number 20-3856216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent LLORENTE, IVAN R 2801 PONCE DE LEON BLVD., #1000 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name 95 MERRICK WAY Street Address (P.O. Box Number is Not Acceptable) Suite 220 City CORAL GABLES FL Zip Code 33134		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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MILAM DAIRY PARTNERS, LLC STREET ADDRESS 2801 PONCE DE LEON BLVD., #1000 CITY - ST - ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE 95 MERRICK WAY, Suite 220 STREET ADDRESS CORAL GABLES, FL 33134 CITY - ST - ZIP 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: IVAN R. LLORENTE, MANAGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1/18/07 Daytime Phone # 305-445-0727	