

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000047833

**FILED**  
**Jul 06, 2009**  
**Secretary of State****Entity Name:** AMERICAN ULTRALEAN BEEF PRODUCTS COMPANY LLC**Current Principal Place of Business:**982 HUTCHINS LANE  
CHIPLEY, FL 32428**New Principal Place of Business:****Current Mailing Address:**982 HUTCHINS LANE  
CHIPLEY, FL 32428**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FISHER, GEORGE  
982 HUTCHINS LANE  
CHIPLEY, FL 32428 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGR ( ) Delete  
Name: FISHER, GEORGE  
Address: 982 HUTCHINS LANE  
City-St-Zip: CHIPLEY, FL 32428Title: MGR ( ) Delete  
Name: DIETRICH, GORDON  
Address: 1987 HWY 2  
City-St-Zip: GRACEVILLE, FL 32440Title: MGR ( ) Delete  
Name: MEANS, NANCY  
Address: 1424 NE 70TH  
City-St-Zip: TOPEKA, KS 66617**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR (X) Change ( ) Addition  
Name: MEANS, MIKE  
Address: 5949 NW ROCHESTER RD  
City-St-Zip: TOPEKA, KS 66617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE FISHER

MGR

07/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date