2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# M01000000308

Entity Name: NORTHWEST FOOD PRODUCTS TRANSPORTATION, LLC

Current Principal Place of Business:

755A SOMMER ST. N.
HUDSON, WI 54016

New Principal Place of Business:

Current Mailing Address:

% LAW DEPARTMENT - MS 2500
PO BOX 64101
ST. PAUL, MN 551640101

New Mailing Address:

FEI Number: 39-2012124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	SLEPER, JIM	
Address:	4001 NORTH LEXINGTON AVE.	
City-St-Zip:	ARDEN HILLS, MN 55126	
Title:	MGR	( ) Delete
Name:	PIERSON, ALAN	
Address:	4001 NORTH LEXINGTON AVENUE	
City-St-Zip:	ARDEN HILLS, MN 55126	
Title:	MGR	( ) Delete
Name:	DELPERDANG, PAUL	
Address:	4001 NORTH LEXINGTON AVE.	
City-St-Zip:	ARDEN HILLS, MN 55126	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL DELPERDANG MGR 04/12/2007

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