

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 A**  
**Secretary of State**

DOCUMENT # M01000001762

1. Entity Name  
FARMLAND DAIRIES LLC



Principal Place of Business  
520 MAIN AVE.  
WALLINGTON, NJ 07057

Mailing Address  
520 MAIN AVE.  
WALLINGTON, NJ 07057



01052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-0902960

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when refiling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
ROSICKI, M  
520 MAIN AVE.  
WALLINGTON, NJ 07057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
LAKHA, A.  
520 MAIN AVE.  
WALLINGTON, NJ 07057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
MAYZVN, A.  
520 MAIN AVE.  
WALLINGTON, NJ 07057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
SWEENEY, A.  
520 MAIN AVE.  
WALLINGTON, NJ 07057

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000003005  
01/13/04-80037-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *A Sweeney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *1/6/05*

Daytime Phone # *973-777-2000*