

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000002921

FILED
Dec 01, 2005
Secretary of State

Entity Name: PRODUCERS PARTNERS LLC

Current Principal Place of Business:

422 SOUTH RIVER PARK DR.
GUTTENBERG, IA 52052

New Principal Place of Business:

Current Mailing Address:

422 SOUTH RIVER PARK DR.
PO BOX 340
GUTTENBERG, IA 52052

New Mailing Address:

422 SOUTH RIVER PARK DR.
PO BOX 340
GUTTENBERG, IA 520520340

FEI Number: 46-0505420

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: KEVIN J. LELIEFELD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LELIEFELD, KEVIN J
Address: 422 SOUTH RIVER PARK DR.
City-St-Zip: GUTTENBERG, IA 52052

Title: MGR () Delete
Name: GIBSON, OWEN P
Address: 420 W. 7TH ST.
City-St-Zip: KANSAS CITY, MO 64105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LELIEFELD, KEVIN J
Address: 422 SOUTH RIVER PARK DR.
City-St-Zip: GUTTENBERG, IA 520520340

Title: MGR (X) Change () Addition
Name: GIBSON, OWEN P
Address: 127 W. 10TH ST.
City-St-Zip: KANSAS CITY, MO 64105

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN J. LELIEFELD

MGR

12/01/2005

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