

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002921

FILED
May 02, 2006
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 520520340

New Mailing Address:

FEI Number: 46-0505420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

VOGT, SEAN P
202 ANDY DR
FREEPORT, FL 32439 US

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: SEAN P. VOGT

05/02/2006

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 520520340

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

ADDITIONS/CHANGES:

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: KEVIN J. LELIEFELD

MGR

05/02/2006

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