

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000001287			
1. Entity Name DAIRICONCEPTS MANAGEMENT, L.L.C.			
Principal Place of Business 3253 E CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802-2540		Mailing Address 10220 N AMBASSADOR DR KANSAS CITY, MO 64153	
DO NOT WRITE IN THIS SPACE			
		02192008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 43-1883246	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM DAIRY FARMERS OF AMERICA, INC. 10220 N. AMBASSADOR DR KANSAS CITY, MO 64153	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
Alex B. Bachelor Vice President-Legal Dairy Farmers of America, Inc.			
SIGNATURE _____		2-19-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			