## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

97FEBERVEN 2: 36 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company DOCUMENT #M95000000288 1s. Principal Place of Business Address UNITED STATES DAIRY COMPANY, L.L.C. 12050 NORTH PECOS STREET, SUITE 200 2050 NORTH PECOS STREET, SUI WESTMINSTER CO 80223-2080 VESTMINSTER CO 80223 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3a. State of Formation 2. Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 0/02/1995 CO Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State B4-1319891 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required D3/04/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION Ft 33324 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE\_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR PEPERZAK, MARCUS B 12050 NORTH PECOS STREET, WESTMINSTER CO MGR KOUNG, DAVID H 239 PINEWOOD DRIVE HITTSBURGH PA MGR 18<del>6 Thorn run extensio</del>n MORAOPOLIS PA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

M. B. REPERZAK MEMBER MAMMBER

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10 92 Daytime Phone #