File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. AUTHORIZED APR 1 8 1998 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 AM 11: 26 FILING FEE | Arinual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA Name and Mailing Address
 of Limited Liability Company **DOCUMENT # M96000000105** 1a. Principal Place of Business Address DAIRYMEN'S PARTNERS, LLC P.O. BOX 188 1910 DECHERD BLVD. **WINCHESTER TN 37398-0188** FIRST UNION BANK BLDG. DECHERD TN 37324 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/01/1996 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 62-1633046 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/10/1997 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 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 ZIMMERMAN, EDDIE MGR 1910 DECHERD BLVD. DECHERD TN ****188.75 ****188.75 APR - 5 1998 11. Ido 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

Macy Yearsh Business Marager 4/23/88 931-967-0689

URE AND IVED DOLL PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

DRIVEN PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

attachment with an address.

SIGNATURE: