


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	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company LAND-O-SUN DAIRIES, L.L.C. 2900 BRISTOL PARKWAY JOHNSON CITY TN 37601		DOCUMENT #M96000000531	
1a. Principal Place of Business Address 2900 BRISTOL PARKWAY JOHNSON CITY TN 37601		1a. Principal Place of Business Address Highway 2900 BRISTOL PARKWAY JOHNSON CITY TN 37601	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 2900 BRISTOL HWY Suite, Apt. #, etc. JOHNSON CITY, TN City & State	2a. Mailing Address Suite, Apt. #, etc. City & State Zip 37601	3. Date Organized or Qualified 12/31/1996	3a. State of Formation DE
4. FEI Number 62-1657432		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 PINE ISLAND RD. PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LAND-O-SUN DAIRIES, IN	Highway 2900 BRISTOL PARKWAY	JOHNSON CITY TN
MGRM	MID-AMERICA DAIRYMEN,	3253 EAST CHESTNUT EXPRESS	SPRINGFIELD MO
			800002109058--6 -03/10/97--01148--004 ****203.75 ****203.75
			JB36-97
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.			
SIGNATURE: LOREN M. WHITE ASSISTANT SECRETARY LAND-O-SUN DAIRIE, INC. 1-30-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date Daytime Phone #			

FILED

97 MAR -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA