

2001 UNIFORM BUSINESS REPORT (UBR)

6/10/2000

DOCUMENT # M98000001626

1. Entity Name
DAIRY PARTNERS, LLC

FILED

01 JAN 25 AM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
1910 DECHERD BLVD.
DECHERD TN 37324

Mailing Address
1910 DECHERD BLVD.
DECHERD TN 37324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINCHESTER, TN

4. FEI Number 36-4141698

Applied For
Not Applicable

Zip Country

Zip Country

37398

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
NAME **LAWLESS, P.A.**
STREET ADDRESS **370 N. WABASHA STREET**
CITY-ST-ZIP **ST. PAUL MN 55102**

TITLE **GENERAL MANAGER** Change Addition
NAME **EODIE ZIMMERMAN**
STREET ADDRESS **P.O. Box 188**
CITY-ST-ZIP **WINCHESTER, TN 37398**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CONTROLLER** Change Addition
NAME **W. H. THOMSEN**
STREET ADDRESS **P.O. Box 188**
CITY-ST-ZIP **WINCHESTER, TN 37398**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BUSINESS MANAGER** Change Addition
NAME **J. TRACY TRAPLES**
STREET ADDRESS **P.O. Box 188**
CITY-ST-ZIP **WINCHESTER, TN 37398**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **800003601156--1**
STREET ADDRESS **-01/30/01--01040--022**
CITY-ST-ZIP *******50.00 Fee Fee Addition**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE: *W. H. Thomsen, Controller* **1-16-01** **931-987-0669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)