

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001626

Entity Name: DAIRY PARTNERS, LLC

FILED  
Feb 09, 2005  
Secretary of State

**Current Principal Place of Business:**

1002 WEST MAIN STREET  
DECHERD, TN 37324

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 88  
WINCHESTER, TN 37398

**New Mailing Address:**

FEI Number: 36-4141698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ZIMMERMAN, EDDIE  
Address: PO BOX 188  
City-St-Zip: WINCHESTER, TN 37398

Title: MGR ( ) Delete  
Name: SCHAUB, DEVONNA  
Address: PO BOX 188  
City-St-Zip: WINCHESTER, TN 37398

Title: MGR (X) Delete  
Name: TEMPLES, J. TRACY  
Address: PO BOX 188  
City-St-Zip: WINCHESTER, TN 37398

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEVONNA SCHAUB

MGR

02/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date