

2001 UNIFORM BUSINESS REPORT (UBR)

0029649 AF

DOCUMENT # M99000001299

1. Entity Name
DELTA MILLING COMPANY, L.L.C.

FILED

01 MAR -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6350 INDUSTRIAL DRIVE
EDEN PRAIRIE MN 55346**

Mailing Address
**6350 INDUSTRIAL DRIVE
EDEN PRAIRIE MN 55346**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 SNOWBERRY AVENUE
Suite, Apt. #, etc.

3. Mailing Address
6350 INDUSTRIAL DRIVE
Suite, Apt. #, etc.

City & State
LOSBUENOS FLORIDA

City & State
EDEN PRAIRIE MINNESOTA

4. FEI Number
41-1947396

Applied For
 Not Applicable

Zip
34748-3626

Country
LAKE

Zip
55346

Country
MINNESOTA

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

6. Name and Address of Current Registered Agent
**NATIONSCORP REGISTERED AGENTS, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, BLAINE M 6350 INDUSTRIAL DRIVE EDEN PRAIRIE MN 55346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003891283--5 -03/21/01--01111--005 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURY, BLAIR B 6350 INDUSTRIAL DRIVE EDEN PRAIRIE MN 55346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy J. Douglas 6350 Industrial Drive Eden Prairie MN 55346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy J. Douglas **3-6-01** **952-937-8033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)