2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001299

Name:

Address:

City-St-Zip:

5929 BAKER ROAD, SUITE 420

MINNETONKA, MN 55345

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

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1200 SNOWBERGER AVENUE LEESBURG, FL 347483626 **Current Mailing Address: New Mailing Address:** 5929 BAKER ROAD SUITE 420 MINNETONKA, MN 55345 FEI Number: 41-1947396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONSCORP REGISTERED AGENTS, INC. 526 E PARK AVENUE TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JOHNSON, BLAINE M Name: Name: 5929 BAKER ROAD, SUITE 420 Address: Address: City-St-Zip: MINNETONKA, MN 55345 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BURY, BLAIR B Name: Address: 5929 BAKER ROAD, SUITE 420 Address: City-St-Zip: MINNETONKA, MN 55345 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DOUGLAS, TIMOTHY J Name: Name: Address: 5929 BAKER ROAD, SUITE 420 Address: City-St-Zip: MINNETONKA, MN 55345 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHULDT, MAYNARD

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY J DOUGLAS 01/04/2005