

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90515 033 ***138.75

DOCUMENT # L07000003434

1. Entity Name
SHEFAOR BIOENERGY, L.L.C.



Principal Place of Business
**18851 N.E. 29TH AVENUE, SUITE 1011
 AVENTURA, FL 33180**

Mailing Address
**18851 N.E. 29TH AVENUE, SUITE 1011
 AVENTURA, FL 33180**

60043868



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8215172** Applied For
 Not Applicable

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

**EISINGER, BROWN, LEWIS & FRANKEL, P.A.
 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
 HOLLYWOOD, FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
 NAME **STIVELMAN, JACQUES C**
 STREET ADDRESS **18851 N.E. 29TH AVENUE, SUITE 1011**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **BENHAMOU, GILBERT**
 STREET ADDRESS **18851 N.E. 29TH AVENUE, SUITE 1011**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/08 **(305) 921-1000**
 Date Daytime Phone #