

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

REC'D BY T. H. W. D.
FEB 23 1998

LIMITED LIABILITY COMPANY ANNUAL REPORT - 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 27 AM 8:58

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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company MM TOMOKA FARMS ENERGY LLC 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403	DOCUMENT # M97000000640
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1a. Principal Place of Business Address 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403

2. Principal Place of Business 1221 Nicollet Mall	2a. Mailing Address 1221 Nicollet Mall
Suite, Apt. #, etc. Ste. 700	Suite, Apt. #, etc. Ste. 700
City & State Minneapolis MN	City & State Minneapolis MN
Zip 55403	Zip 55403
Country USA	Country USA

3. Date Organized or Qualified 09/26/1997	3a. State of Formation DE
4. FEI Number 41-1887595 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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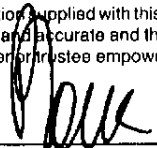
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JONES, PETER D	1221 NICOLLET MALL, STE. 7	MINNEAPOLIS MN
MGR	JENSEN, ALLEN R	1221 NICOLLET MALL, STE. 7	MINNEAPOLIS MN

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***188.75 ***188.75

11. I do hereby certify that the information applied 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Peter D. Jones Date: 4/16/98 Daytime Phone #: 612-373-5302