

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000640

1. Entity Name

MM TOMOKA FARMS ENERGY LLC

FILED

01 MAY -7 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1221 NICOLLET MALL, STE. 700
MINNEAPOLIS MN 55403

Mailing Address

1221 NICOLLET MALL, STE. 700
MINNEAPOLIS MN 55403



MJM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 Marquette Ave.

3. Mailing Address

901 Marquette Ave.

Suite, Apt. #, etc.

#2300

Suite, Apt. #, etc.

#2300

City & State

Minneapolis MN

City & State

Minneapolis MN

4. FEI Number

41-1887595

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip Country

55402-3265 US

Zip Country

55402-3265 U.S.

6. Name and Address of Current Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004336644--8
-05/31/01--01087--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PETER D 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, ALLEN R 1221 NICOLLET MALL, STE. 700 MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 Marquette Ave, Suite 2300 Minneapolis MN 55402-3265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jerald W. Peterson 901 Marquette Ave, Suite 2300 Minneapolis MN 55402-3265	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____

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

9/17/01 612-373-5462

Date

Daytime Phone #