

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90003 001 ****50.00

DOCUMENT # M97000000640

1. Entity Name
MM TOMOKA FARMS ENERGY LLC

Principal Place of Business

901 MARQUETTE AVE. #2300
 MINNEAPOLIS MN 55402-3265

Mailing Address

901 MARQUETTE AVE. #2300
 MINNEAPOLIS MN 55402-3265

2. Principal Place of Business

3013 Douglas Blvd.

Suite, Apt. #, etc.

Suite 170

City & State
Roseville, CA

Zip
95661

Country
USA

3. Mailing Address

3013 Douglas Blvd.

Suite, Apt. #, etc.

Suite 170

City & State
Roseville, CA

Zip
95661

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **41-1887595**

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JENSEN, ALLEN R	
STREET ADDRESS	901 MARQUETTE AVE., #2300	
CITY-ST-ZIP	MINNEAPOLIS MN 55402-3265	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PETERSON, JERALD W	
STREET ADDRESS	901 MARQUETTE AVE., #2300	
CITY-ST-ZIP	MINNEAPOLIS MN 55402-3265	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	General Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trond Aschehoug	
STREET ADDRESS	3013 Douglas Blvd, Suite 170	
CITY-ST-ZIP	Roseville, CA 95661	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** **4-15-02** **(916)789-2250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1810000

CFR2E083 (9/01)