

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000640

**FILED**  
**Feb 21, 2007**  
**Secretary of State**

**Entity Name:** MM TOMOKA FARMS ENERGY LLC

**Current Principal Place of Business:**

3005 DOUGLAS BLVD  
SUITE 105  
ROSEVILLE, CA 95661

**New Principal Place of Business:**

**Current Mailing Address:**

3005 DOUGLAS BLVD  
SUITE 105  
ROSEVILLE, CA 95661

**New Mailing Address:**

**FEI Number:** 41-1887595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASCHEHOUG, TROND MR  
Address: 3005 DOUGLAS BLVD., SUITE 105  
City-St-Zip: ROSEVILLE, CA 95661

Title: MGR ( ) Delete  
Name: CHIARELLA, THOMAS J MR  
Address: 3005 DOUGLAS BLVD., SUITE 105  
City-St-Zip: ROSEVILLE, CA 95661

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: THOMAS J. CHIARELLA      MGR      02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date