

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000005634

FILED
Apr 26, 2007
Secretary of State

Entity Name: RENEWABLE SPIRITS, LLC

Current Principal Place of Business:

2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 US

New Principal Place of Business:

7427 FLORANADA WAY
DELRAY BEACH, FL 33446 US

Current Mailing Address:

2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 US

New Mailing Address:

7427 FLORANADA WAY
DELRAY BEACH, FL 33446 US

FEI Number: 56-2430192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, KRISTINE M
2000 GLADES ROAD
STE. 306
BOCA RATON, FL 33431 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: MGRM () Delete
Name: STEVENSON, GWENN
Address: 2000 GLADES ROAD, STE. 306
City-St-Zip: BOCA RATON, FL 33431 US

Title: PRES () Delete
Name: WESTFALL, DOUG
Address: 2000 GLADES ROAD, STE. 306
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEVENSON, GWENN
Address: 7427 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: PRES (X) Change () Addition
Name: STEVENSON, GWENN
Address: 7427 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify 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: GWENN STEVENSON

PRES

04/26/2007

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