

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

06-30-2006 90059 025 \*\*\*\*50.00

<b>DOCUMENT # L04000045984</b> 1. Entity Name <b>JACKSONVILLE BIODIESEL PARTNERS, LLC</b>					
Principal Place of Business <b>1639 BEACH BLVD SUITE 12 JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>1639 BEACH BLVD, STE 12 SUITE 12 JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business <b>1486 3RD. STREET SOUTH</b> Suite, Apt. #, etc.		3. Mailing Address <b>1486 3RD. STREET SOUTH</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville Beach</b>		City & State <b>Jacksonville Beach</b>		4. FEI Number <b>20-1274792</b>	
Zip <b>32250</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAGBY, STEVEN M 1639 BEACH BLVD SUITE 12 JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name <b>BAGBY, STEVEN M</b> Street Address (P.O. Box Number is Not Acceptable) <b>1486 3RD STREET SOUTH</b> City <b>JACKSONVILLE BEACH</b> <b>FL</b> Zip Code <b>32250</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Steven M. Bagby</i></u> <span style="float: right;">6/28/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BAGBY, STEVEN M 1639 BEACH BLVD SUITE 12 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BAGBY, STEVEN M 1486 3RD. STREET SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <u><i>Steven M. Bagby</i></u> <span style="float: right;">6/28/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					