

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029781

FILED
Jun 14, 2006
Secretary of State

Entity Name: INNOVATIVE BIOFUELS, LLC

Current Principal Place of Business:

4348 SOUTHPOINT BOULEVARD STE 320
JACKSONVILLE, FL 32216

New Principal Place of Business:

14750 BEACH BOULEVARD
UNIT 33
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

4348 SOUTHPOINT BOULEVARD STE 320
JACKSONVILLE, FL 32216

New Mailing Address:

14750 BEACH BOULEVARD
UNIT 33
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 20-2568068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, JOHN CPA
4348 SOUTHPOINT BOULEVARD STE 320
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

RAX CO.
50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 US

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: HALCYON E. SKINNER, VP

06/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SLATER, ELECTUS P
Address: 14750 BEACH BOULEVARD, UNIT 33
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: ELECTUS P. SLATER

MGRM

06/14/2006

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