

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066142

Entity Name: LARCO ETHANOL, LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

804 CYPRESS BLVD., SUITE 303
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

804 CYPRESS BLVD., SUITE 303
POMPAÑO BEACH, FL 33069

New Mailing Address:

FEI Number: 06-1784496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, RICHARD J
1100 SAINT CHARLES PLACE #719
PEMBROKE PINES, FL 33026 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: COHEN, RICHARD J
Address: 1100 SAINT CHARLES PLACE #719
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR () Delete
Name: COHEN, ALAN S
Address: 5100 5TH AVENUE #408
City-St-Zip: PITTSBURGH, PA 15232

Title: MGR () Delete
Name: DE LUCA, LEONARD
Address: 804 CYPRESS BLVD., SUITE 303
City-St-Zip: POMPAÑO BEACH, FL 33069

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: COHEN, ALAN S
Address: 804 CYPRESS BLVD #303
City-St-Zip: POMPAÑO BEACH, FL 33069

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

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: ALAN S COHEN

MGR

03/20/2008

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