


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000083149

1. Entity Name
MIDWEST GRAIN COMPANY, L.L.C.



FILED
07 MAY 18 AM 10:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
9350 S. DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

Mailing Address
9350 S. DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SEGREDO, FRANK J ESQ.
9350 S. DIXIE HIGHWAY, SUITE 1500
MIAMI, FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBONE, SEBASTIANO 848 BRICKELL KEY APT. 1201 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103897703 06/05/07--01015--005 **1000.00
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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: *Carbone Sebastiano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #