

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005756

FILED
Feb 09, 2009
Secretary of State

Entity Name: SHEFAOR BIOENERGY HOLDINGS, L.L.C.

Current Principal Place of Business:

18851 N.E. 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 N.E. 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-8288404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, BROWN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
HOLLYWOOD, FL 33021 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: STIVELMAN, JACQUES C
Address: 18851 N.E. 29TH AVENUE, SUITE 1011
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: BENHAMOU, GILBERT
Address: 18851 N.E. 29TH AVENUE, SUITE 1011
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: RAMOS, MARCELO M
Address: 18851 N.E. 29TH AVENUE, SUITE 1011
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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

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: GILBERT BENHAMOU

MGR

02/09/2009

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