2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L07000038657

Entity Name: CAMBRIDGE BIOFUELS, LLC

Current Principal Place of Business:

16400 COLLINS AVE
SUITE 2041
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16400 COLLINS AVE
SUITE 2041
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGAL, WILLIAM J
20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA, FL 33180 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:	MGRM	( ) Delete
Name:	MCHYMAN, CARTER	
Address:	1980 S. OCEAN DRIVE, SUITE 20E	
City-St-Zip:	HALLANDALE BEACH, FL 33009	
Title:	MGRM	( ) Delete
Name:	SPARKS-BOOK, LILA	
Address:	16400 COLLINS AVE, SUITE 2041	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	MGRM	( ) Delete
Name:	DASCAL, ROBERT	
Address:	1830 S OCEAN DR #1508	
City-St-Zip:	HALLANDALE BEACH, FL 33009	

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: LILA SPARKSBOOK MGRM 01/21/2008

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