2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083511

SEGREST, STEVE

724 ARGYLE PLACE

TEMPLE TERRACE, FL 33617

Name:

Address:

City-St-Zip:

Entity Name: FBEC LIMITED LIABILITY COMPANY

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4249 NW 56TH WAY GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** 4249 NW 56TH WAY GAINESVILLE, FL 32606 FEI Number: 26-0738347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIORESOURCE MANAGEMENT INC. 4249 NW 56TH WAY GAINESVILLE, FL 32606 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition BIORESOURCE MANAGEMENT INC. Name: Name: Address: 4249 NW 56TH WAY Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HAMILTON MAURER INTERNATIONAL, INC. Name: Address: 12423 BROKEN BOUGH DRIVE Address: City-St-Zip: HOUSTON, TX 77024 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD M SCHROEDER MGR 04/29/2009