

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 08, 2009  
Secretary of State**

DOCUMENT# L07000086639

Entity Name: FFI BRAZIL HOLDING, LLC

**Current Principal Place of Business:**

650 DOUGLAS AVE STE 1040  
ALTAMONTE SPRINGS, FL 32741

**New Principal Place of Business:**

650 DOUGLAS AVE  
STE 1040  
ALTAMONTE SPRINGS, FL 32741

**Current Mailing Address:**

650 DOUGLAS AVE STE 1040  
ALTAMONTE SPRINGS, FL 32741

**New Mailing Address:**

650 DOUGLAS AVE  
STE 1040  
ALTAMONTE SPRINGS, FL 32741

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

**Name and Address of Current Registered Agent:**

RAY, OGALE E  
650 DOUGLAS AVE STE 1040  
ALTAMONTE SPRINGS, FL 32741      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:                      FUEL FREEDOM INTERNATIONAL, LLC  
Address:                      650 DOUGLAS AVE STE 1040  
City-St-Zip:                      ALTAMONTE SPRINGS, FL 32741

**ADDITIONS/CHANGES:**

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: OGALE E. RAY

RA

04/08/2009

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