

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104797

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: GREENWAVE BIODIESEL LLC

## Current Principal Place of Business:

100 EDGEWATER DR.  
APT. 224  
MIAMI, FL 33133 US

## New Principal Place of Business:

100 EDGEWATER DR.  
APT. 224  
CORAL GABLES, FL 33133 US

## Current Mailing Address:

100 EDGEWATER DR.  
APT. 224  
CORAL GABLES, FL 33133 US

## New Mailing Address:

FEI Number: 26-3727102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LESPERANCE, ERIC N  
100 EDGEWATER DR. APT. #224  
CORAL GABLES, FL 33133 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: ERIC ( ) Delete  
Name: LESPERANCE, ERIC N  
Address: 100 EDGEWATER DRIVE APT. 224  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LESPERANCE, ERIC N  
Address: 100 EDGEWATER DRIVE APT. 224  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGRM ( ) Change (X) Addition  
Name: SOLIN, JON C  
Address: 751 ST. ALBANS DR.  
City-St-Zip: BOCA RATON, FL 33486 US

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: ERIC LESPERANCE

MGRM

02/05/2009

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