

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031316

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** AGRIFUEL DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

5500 S.W. 128TH AVE  
FORT LAUDERDALE, FL 33330

**New Principal Place of Business:**

6803 S.W. 94 AVE  
FORT LAUDERDALE, FL 33332

**Current Mailing Address:**

5500 S.W. 128TH AVE  
FORT LAUDERDALE, FL 33330

**New Mailing Address:**

6803 S.W. 94 AVE  
FORT LAUDERDALE, FL 33332

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

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

COLLIER, JOHN  
5500 S.W. 128TH AVE  
FORT LAUDERDALE, FL 33330      US

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

COLLIER, JOHN  
6803 S.W. 94 AVE.  
FORT LAUDERDALE, FL 33332      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

04/19/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLLIER, JOHN  
Address: 6803 S.W. 94TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: MGRM  
Name: MARTIN, RONALD  
Address: 14430 MUSTANG TRAIL  
City-St-Zip: SUNSHINE RANCHES, FL 33330

Title: MGRM  
Name: UNNI LARSGAARD TRUST  
Address: 927 SW 2ND CT  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM  
Name: O'HANLON, ROBERT  
Address: 562 HARRISON AVE #11  
City-St-Zip: LODI, NJ 07644

I hereby 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: JOHN COLLIER

MGRM

04/19/2011

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