2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: BIOFUEL ENTERPRISES, LLC

Current Principal Place of Business:

2108 PARK AVENUE
SUITE 13
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2108 PARK AVENUE
SUITE 13
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 27-4447324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LICHTENWALTER, JAMES E
2570 HOLLY POINT ROAD EAST
ORANGE PARK, FL 32073 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: MGMR
Name: LICHTENWALTER, BARBARA K
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGMR
Name: LICHTENWALTER, JAMES E
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: PRES
Name: LICHTENWALTER, BARBARA K
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VP
Name: LICHTENWALTER, JAMES E
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SEC
Name: LICHTENWALTER, BARBARA K
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073

Title: TRES
Name: LICHTENWALTER, JAMES E
Address: 2570 HOLLY POINT ROAD EAST
City-St-Zip: ORANGE PARK, FL 32073 US

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 Statues.

SIGNATURE: JAMES E LICHTENWALTER MGMR 01/04/2012

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