


2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company BARTOW ETHANOL OF FLORIDA, L.C. 1705 MANN ROAD BARTOW FL 33830	DOCUMENT # L95000000548
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1a. Principal Place of Business Address 1705 MANN ROAD BARTOW FL 33830
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 07/17/1995	3a. State of Formation FL
		4. FEI Number 59-3325200	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/28/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent BATT, HOWARD C DRUMILL PROF. CENTER, SUITE 712 611 DRUID ROAD EAST CLEARWATER FL 34616	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HALL, KENNETH E	5536 ESCONDIDA BLVD.	ST. PETERSBURG FL
MGR	HALL, DAVID L	826 FOUNTAINHEAD DR.	LARGO FL.
MGR	SCHWARTZ, ALAN R	28601 CHAGRIN BLVD.	WOODMERE OH
MGR	SCHOENBERGER, E H	29125 CHAGRIN BLVD.	PEPPER LAKE OH
MGR	GANZHORN, DEAN	5955 GLASGOW COURT	OLON, OH

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment, with an address.

SIGNATURE: Alan R. Schwartz (216) 867-1000
Signature and Typed or Printed Name of Signing Managing Member or Manager Date Daytime Phone #