

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 22 PM 2:08

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L95000000548</b>  BARTOW ETHANOL OF FLORIDA, L.C. 1705 MANN ROAD BARTOW FL 33830
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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 09/30/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  A.G.C. CO., 2300 SUN TRUST CENTER 200 SOUTH ORANGE AVENUE ORLANDO FL 32081	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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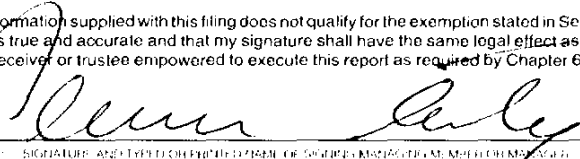
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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 is required when accepting appointment)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GANZHORN, DEAN	5955 GLASGOW COURT	OLON OH
MGR	SCHWARTZ, ALAN R	<del>28601 CHAGRIN BLVD.</del> 32429 PINE BROOK LAKE	<del>WOODMERE OH</del> PEPPER LAKE, OH
MGR	SCHOENBERGER, E H	29125 CHAGRIN BLVD.	PEPPER LAKE OH

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\*\*\*\*188.75 \*\*\*\*188.75

11 I do 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:  4-20-99 216-687-1000  
SIGNATURE AREA (THIS OFFERED TO FORM OF SIGNATURES MUST BE MAILED OR DELIVERED TO THE SECRETARY OF STATE)