

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L95000000548

FILED
Oct 04, 2005
Secretary of State

Entity Name: BARTOW ETHANOL OF FLORIDA, L.C.

Current Principal Place of Business:

1705 E. MANN ROAD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1705 E. MANN ROAD
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3325200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SENAGORE, ANTHONY MD
1705 E. MANN ROAD
BARTOW, FL 33830 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: ANTHONY SENEGORE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: SENAGORE, ANTHONY MD
Address: 2709 BELVOIR BLVD
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: COO () Delete
Name: CORRIGAN, JAMES
Address: 3134 SOMERSET
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: D () Delete
Name: MUNTZ, JAMES
Address: 101 HOMEWOOD DR.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY SENEGORE

CEO

10/04/2005

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