

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000548

FILED  
Aug 30, 2006  
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:**

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

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

\_\_\_\_\_  
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 Chapter 119, 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: JAMES MUNTZ

MR.

08/30/2006

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