

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/17/2003-90009-050-\$50.00-\$50.00

DOCUMENT # L95000000548

1. Entity Name

BARTOW ETHANOL OF FLORIDA, L.C.



Principal Place of Business

1705 E. MANN ROAD
BARTOW FL 33830

Mailing Address

1705 E. MANN ROAD
BARTOW FL 33830

2. Principal Place of Business

1705 East Mann Rd

3. Mailing Address

1705 E. Mann Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

Zip

33830

Country

USA

Zip

33830

Country

USA

6. Name and Address of Current Registered Agent

E. HENRY SCHOENBERGER
1705 E. MANN ROAD
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

Anthony Senagore, MD

Street Address (P.O. Box Number Is Not Acceptable)

1705 East Mann Road

City Bartow

FL

Zip Code 33830

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SCHOENBERGER, E. HENRY	25200 CHAGRIN BLVD SUITE 108	PEPPER LAKE OH 44122	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Chief Executive Officer	Anthony Senagore, MD	2709 Belvoir Blvd	Shaker Heights, OH 44122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chief of Operations	James Corrigan	3134 Somerset	Shaker Heights, OH 44122	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director of Plant & Production	James Muntz	101 Homewood Dr.	Winter Haven, FL 33880	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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.

SIGNATURE:

James Muntz

REQUIRED

2-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)