

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M02000002483

1. Entity Name  
SYNFUELS OF INDIANA, LLC



Principal Place of Business  
2875 SOUTH OCEAN BLVD., SUITE 200-29  
PALM BEACH, FL 33480

Mailing Address  
2875 SOUTH OCEAN BLVD., SUITE 200-29  
PALM BEACH, FL 33480

**FILED**

2004 SEP -9 A 10: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-1234156

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME AVERETT, JOHN  
STREET ADDRESS 2875 SOUTH OCEAN BLVD., SUITE 200-29  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE MGRM  
NAME MCCLURE, MIKE  
STREET ADDRESS 2875 SOUTH OCEAN BLVD. STE. 200-29  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE MGRM  
NAME BEAN, F. RAYMON  
STREET ADDRESS 2875 SOUTH OCEAN BLVD. STE. 200-29  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300041451883  
09/29/04--01058--005 \*\*400.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

9-7-04

Date

205-798-7766

Daytime Phone #