## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000002483

City-St-Zip:

PALM BEACH, FL 33480

Entity Name: SYNFUELS OF INDIANA, LLC

FILED Mar 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O T. BARR LINTON, ESQ. 236 PARADISE BY THE SEA BLVD. PANAMA CITY BEACH, FL 32413 **New Mailing Address: Current Mailing Address:** PMB 199 ATTN: L. BARR LINTON 5399 EAST COAST HWY 30-A SANTA ROSA BEACH, FL 32459 FEI Number: 63-1234156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AVERETT, JOHN Name: Name: Address: 2875 SOUTH OCEAN BLVD., SUITE 200-29 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: MCCLURE, MIKE Name: Address: 2875 SOUTH OCEAN BLVD. STE. 200-29 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BEAN, F. RAYMON Name: Name: 2875 SOUTH OCEAN BLVD. STE. 200-29 Address: Address:

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.

City-St-Zip:

SIGNATURE: JOHN AVERETT MGRM 03/30/2007