
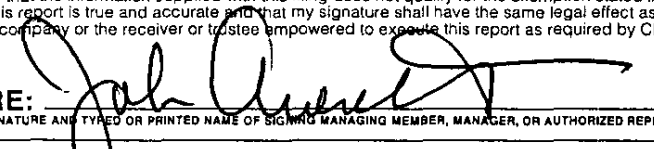


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001636				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 0.8em;">2004 SEP -9 A 10:55</div>	
1. Entity Name SYNFUELS HOLDINGS, LLC				Principal Place of Business 2875 SOUTH OCEAN BLVD., SUITE 200-29 PALM BEACH, FL 33480	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVERETT, JOHN 2875 SOUTH OCEAN BLVD., SUITE 200-29 PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			000041451810 09/29/04--01058--005 **400.00		
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: 			Date: 9-7-04 Daytime Phone #: 205-798-7766		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					