LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
04 APR 20 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002079

1. Entity Name

Aquila Lake Distillation Company, LLC

BK

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 W. 9th Street	20 W. 9th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kansas City, MO	City & State: Kansas City, MO
Zip: 64105 Country: USA	Zip: 64105 Country: USA

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Robert L. Poehling 20 W. 9th Street Kansas City, MO 64105	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sara L. Henning 20 W. 9th Street Kansas City, MO 64105	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Randal P. Miller 20 W. 9th Street Kansas City, MO 64105	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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: Sara L. Henning — 4/16/04 — 816-467-3384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY™

M03000002079

ACCOUNT NO. : 072100000032

REFERENCE : 579602 4350171

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : April 20, 2004

ORDER TIME : 1:38 PM

ORDER NO. : 579602-005

CUSTOMER NO: 4350171

CUSTOMER: Beth Vandevyvere, Ms 3-125
Aquila, Inc.
20 West Ninth Street
Dept. No. 4031
Kansas City, MO 64105

FILED
04 APR 20 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

RECEIVED
04 APR 20 PM 2:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: AQUILA LAKE DISTILLATION COMPANY, LLC

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 2949

EXAMINER'S INITIALS: _____