## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001360

Entity Name: GLOBAL ETHANOL, LLC

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

412 SOUTH FOURTH STREET, STE. 1250 400 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415

**SUITE 1000** MINNEAPOLIS, MN 55415

**Current Mailing Address: New Mailing Address:** 

412 SOUTH FOURTH STREET, STE. 1250 400 SOUTH FOURTH STREET MINNEAPOLIS, MN 55415

SUITE 1000

MINNEAPOLIS, MN 55415

FEI Number: 20-1773962 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

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:

Title: () Delete (X) Change ( ) Addition

BOURNE, TREVOR BOURNE, TREVOR Name: Name:

412 SOUTH FOURTH STREET, STE. 1250 Address: 400 SOUTH FOURTH STREET, STE. 1000 Address:

City-St-Zip: MINNEAPOLIS, MN 55415 City-St-Zip: MINNEAPOLIS, MN 55415

Title: MGR Title: MGR (X) Change ( ) Addition ( ) Delete

FISLER, MARK Name: FISLER, MARK Name:

Address: 412 SOUTH FOURTH STREET, STE, 1250 Address: 400 SOUTH FOURTH STREET, STE. 1000

City-St-Zip: MINNEAPOLIS, MN 55415 City-St-Zip: MINNEAPOLIS, MN 55415

Title: () Delete Title: MGR (X) Change ( ) Addition

GILLUND, DARYL JEFF, EHLERT Name: Name: 412 SOUTH FOURTH STREET, STE. 1250 Address: Address: 4333 RICKER HWY City-St-Zip: MINNEAPOLIS, MN 55415 City-St-Zip: BLISSFIELD, MI 49228

Title: MGR ( ) Delete Title: () Change () Addition

Name: CHIPKIN, STEPHEN Name: LEVEL 31, CHIFLEY TOWER, 2 CHIFLEY SQUARE Address: Address: City-St-Zip: SYDNEY, NSW 2000, AUSTRALIA, XX City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

MURPHY, JOHN Name: Name: LEVEL 31, CHIFLEY TOWER, 2 CHIFLEY SQUARE Address: Address:

City-St-Zip: SYDNEY, NSW 2000, AUSTRALIA, XX City-St-Zip:

Title: () Delete Title: () Change () Addition

POST, SUSAN Name: Name: Address: 235 ELEVATOR AVENUE EAST Address: TITONKA, IA 50480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PATRICK SAMUELSON 03/11/2008