

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001360

Entity Name: GLOBAL ETHANOL, LLC

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

400 SOUTH FOURTH STREET  
SUITE 1000  
MINNEAPOLIS, MN 55415

## New Principal Place of Business:

## Current Mailing Address:

400 SOUTH FOURTH STREET  
SUITE 1000  
MINNEAPOLIS, MN 55415

## New Mailing Address:

FEI Number: 20-1773962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: BOURNE, TREVOR  
Address: 400 SOUTH FOURTH STREET, STE. 1000  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: MGR ( ) Delete  
Name: FISLER, MARK  
Address: 400 SOUTH FOURTH STREET, STE. 1000  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: MGR ( ) Delete  
Name: JEFF, EHLERT  
Address: 4333 RICKER HWY  
City-St-Zip: BLISSFIELD, MI 49228

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

Title: MGR ( ) Delete  
Name: MURPHY, JOHN  
Address: LEVEL 31, CHIFLEY TOWER, 2 CHIFLEY SQUARE  
City-St-Zip: SYDNEY, NSW 2000, AUSTRALIA, XX

Title: MGR ( ) Delete  
Name: POST, SUSAN  
Address: 235 ELEVATOR AVENUE EAST  
City-St-Zip: TITONKA, IA 50480

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: TROLLIP, MARK  
Address: INVESTEC BANK LTD, 100 GRAYSTON DR,  
City-St-Zip: SANDTON, SOUTH AFRICA, XX

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

CFO

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date