

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020397

FILED
Apr 29, 2004
Secretary of State

Entity Name: TAR-CRACKER LLC

Current Principal Place of Business:

P.O. BOX 1155
DARRIEN, GA 31305

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1155
DARRIEN, GA 31305

New Mailing Address:

FEI Number: 32-0054000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGWOOD, WILLIAM C
3023 WATER ST.
JACKSONVILLE, FL 32208 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/MEMBERS:

Title: MGRM () Delete
Name: SMITHWICK, TED W
Address: RT. 1 BOX 1679
City-St-Zip: TOWNSEND, GA 31331 US

Title: MGRM () Delete
Name: SMITHWICK, CLARA J
Address: RT. 1 BOX 1679
City-St-Zip: TOWNSEND, GA 31331 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MAGWOOD, WILLIAM C
Address: 3023 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM C MAGWOOD

MGR

04/29/2004

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