
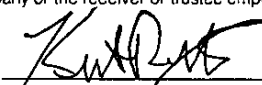


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90217 039 \*\*\*\*50.00

|   |  |   |  |  |                 |
|---|--|---|--|--|-----------------|
| <b>DOCUMENT # L01000011326</b>  |  |   |  |         |                 |
| 1. Entity Name<br>CRACKER INDUSTRIES, LLC   |  |   |  |  |                 |
| Principal Place of Business<br>5718 21ST AVE. WEST<br>BRADENTON, FL 34209   |  | Mailing Address<br>5718 21ST AVE. WEST<br>BRADENTON, FL 34209 |  |  |                 |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |                 |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |                 |
| City & State  |  | City & State  |  |  |                 |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br>65-1129177  |                 |
|   |  |   |  | Applied For<br>Not Applicable  |                 |
|   |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                 |
| 6. Name and Address of Current Registered Agent<br>BARNES, GARRET T<br>BARNES WALKER, CHARTERED<br>3119 MANATEE AVE. WEST<br>BRADENTON, FL 34205  |  |   | 7. Name and Address of New Registered Agent        |  |                 |
|   |  |   | 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<br>Due by May 1, 2005   |  |   |  | Make check payable to<br>Florida Department of State                                     |                 |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES                              |  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PRATT, KEITH<br>5718 21ST AVE. WEST<br>BRADENTON, FL 34209 | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| 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:   |  |   | 4/8/05 941-802-2771                                |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   | Date   |  | Daytime Phone # |

2003186Z



03072005 Chg-LLC CR2E083 (10/03)