

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020397

FILED  
Apr 29, 2006  
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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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 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: WILLIAM C MAGWOOD

MGR

04/29/2006

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