## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90017 017 \*\*\*\*50.00

DOCUMENT # L03000014377  1. Enity Name FLORIDA CRACKER WATER COMPANY, LLC						04-05-2006 9001 / 01 / *****50.00				
Principal Plac PO BOX 151 OCALA, FL 3	0	Mailing Address PO BOX 1510 OCALA, FL 34478			Jubilaki alk a	**** **** ****	~~~4J& <u>4</u>			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010	62006	Chg-LLC	CR2E083 (11/0	5)		
City & State		City & State			El Number 11-1448	875		Applied For Not Applicable		
Zıp	Country	Zip	Countr		<b>5.</b> C	ertificate o	f Status Desired	□ \$5.00 / Fee Requ	Additional rired	
	6. Name and Address of Current	Registered Agent			7. Na	ame and A	Address of New R	egistered Agent		
CURRY, LANDIS V JR 21 NË FIRST AVENUE OCALA, FL 34470				Name Street Address (P.O. Box Number is Not Acceptable)						
				City		FL Zip Code				
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or r	egistered age	nt, or both	, in the State of Flo	vida. Tam familiar w	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE	: Registered	d Agent signature	e required when rein	istating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					-		e check payable to Department of S			
9.							10017101101			
<del></del>	MANAGING MEMBE	RS/MANAGERS	10.		···		ADDITION\$/	CHANGES		
TITLE HAME STREET ADDRESS ONLY-ST-ZIP	MGR GALLOWAY, MARY C 1701 SE FORT KING ST	RS/MANAGERS	TITLE NAME STREE	E	2405	E 17!		Chang	ge 🔲 Addition	
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DITE NAME SIPEEL ADDRESS CHY-SI-JIP HILE NAME SIREEL ADDRESS	MGR GALLOWAY, MARY C 1701 SE FORT KING ST OCALA, FL 34471 MGR SKINNER, CHARLES 3121 VENTURE PLACE #3	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -SI-ZIP E ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP	240 S. Orala	F 17 / F		Ø Chang	se 🔲 Addition	
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The tribute of certify that the information supplied with first thing does not quality for the exemptions contained in Chapter 119, 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: White Day of Printed Name of SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytine Prices #