### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

### **DOCUMENT # L03000014377**

FLORIDA CRACKER WATER COMPANY, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

PO BOX 1510 OCALA, FL 34478 Mailing Address PO BOX 1510 OCALA, FL 34478



03242008 No.Chg-LLC\_ \_\_ CR2E083 (12/07)

Applied For 4. FEI Number 61-1448875 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred

6. Name and Address of Current Registered Agent

CURRY, LANDIS V JR 21 NE FIRST AVENUE OCALA, FL 34470

# DO NOT WRITE IN THIS SPACE

8	<ol> <li>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.</li> </ol>	I am familiar with, and accept
	the obligations of registered agent.	
_	NONATURE	

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signatura required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS 9. TITLE GALLOWAY, MARY C NAME STREET ADDRESS 240 SOUTHEAST 17TH STREET CITY-ST-ZIP OCALA; FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify 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 AND TYPED OR PRINTED N

ME OF SIGNING MANAGING MEMBER, OR AUTHO