## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 27, 2006 08:00 AN **DOCUMENT # L03000014933** Secretary of State CRACKER COVE, LLC Mailing Address Principal Place of Business 1006 BAY AVE. **1006 BAY AVE.** CLEARWATER, FL 33756 CLEARWATER, FL 33756 01242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THE MOTHER SHIP, LLC 1006 BAY AVE. CLEARWATER, FL 33756 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE THE MOTHER SHIP, LLC NAME STREET ADDRESS 1006 BAY AVENUE CLEARWATER, FL 33756 CITY-ST-ZIP MLE GUTHRIE, SARAH MGRM NAME 1006 BAY AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NELEF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

127-441-2222

Daytime Phone #