

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042088

FILED
Apr 04, 2006
Secretary of State

Entity Name: MCCRACKEN & MCCRACKEN, LLC

Current Principal Place of Business:

14262 DEVINGTON WAY
FORT MYERS, FL 33912

New Principal Place of Business:

686 BRIARWOOD BLVD
NAPLES, FL 34104

Current Mailing Address:

14262 DEVINGTON WAY
FORT MYERS, FL 33912

New Mailing Address:

686 BRIARWOOD BLVD
NAPLES, FL 34104

FEI Number: 43-2037867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRACKEN, WILLIAM S
14262 DEVINGTON WAY
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MCCRACKEN, WILLIAM S
686 BRIARWOOD BLVD
NAPLES, FL 34104 US

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: WILLIAM SCOTT MCCRACKEN

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCRACKEN, FREDERICK W
Address: 14262 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: MCCRACKEN, WILLIAM SCOTT
Address: 2115 LA MIEL WAY
City-St-Zip: CAMPBELL, CA 95008

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCRACKEN, FREDERICK W
Address: 686 BRIARWOOD BLVD
City-St-Zip: NAPLES, FL 34104

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 SCOTT MCCRACKEN

MR

04/04/2006

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