2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31/2006-90044-028-$50.00-$50.00

DOCUMENT # L05000023324

1. Entity Name
MCCRACKEN PROPERTIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10: 51

Principal Place of Business	Mailing Address
1829 MANGO TREE DR. EDGEWATER, FL 32132	1829 MANGO TREE DR. EDGEWATER, FL 32132

2. Principal Place of Business	3. Mailing Address
1842 Evergreen Dr.	1842 Evergreen Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Edgewater, FL	City & State: EdgeWater FL
Zip: 32141 Country: USA	Zip: 32141 Country: USA

07252006 Chg-LLC CR2E083 (11/05)

4. FEI Number — Applied For / ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRACKEN, PATRICIA
1829 MANGO TREE DRIVE
EDGEWATER, FL 32132

7. Name and Address of New Registered Agent

Name: Maurice McCracken JR
Street Address (P.O. Box Number is Not Acceptable): 160 Godfrey RD.
City: EDGEWATER FL Zip Code: 32141

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: M McCracken DATE: 8/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM President MCCRACKEN, MAURICE JR. 1829 MANGO DR. EDGEWATER, FL 32132	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURICE MCCRACKEN 160 GODFREY RD EDGEWATER, FL 32141	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM V. President MCCRACKEN, PATRICIA 1829 MANGO DR. EDGEWATER, FL 32132	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PATRICIA MCCRACKEN 160 GODFREY RD EDGEWATER FL 32141	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: M McCracken 8/25/06 386-423-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #