


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000023324		
1. Entity Name MCCRACKEN PROPERTIES LLC		
Principal Place of Business 1842 EVERGREEN DR EDGEWATER, FL 32141	Mailing Address 1842 EVERGREEN DR EDGEWATER, FL 32141	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCCRACKEN, MAURICE 160 GODFREY RD EDGEWATER, FL 32141		DO NOT WRITE 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: <u><i>Maurice McCracken Jr.</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: <u>1/20/07</u>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMGR MCCRACKEN, MAURICE JR. 160 GODFREY RD EDGEWATER, FL 32141	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM MCCRACKEN, PATRICIA 160 GODFREY RD EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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 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: <u><i>Maurice McCracken Jr.</i></u> DATE: <u>1/20/07</u> 386-423-2223 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #		



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000714125
04/27/07-80009-025 50.00