2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# L06000046095

Entity Name: FLORIDA CRACKER CAFE, LLC

Current Principal Place of Business:

81 ST GEORGE STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

208-A C STREET
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-4819387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAFFT, TRAVIS G
208-A C STREET
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRAFFT, TRAVIS G
Address: 208-A C STREET
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM ( ) Delete
Name: GRAFFT, JARRELL D
Address: P O BOX 3714
City-St-Zip: ST AUGUSTINE, FL 32085

Title: MGRM ( ) Delete
Name: GRAFFT, SUSAN P
Address: P O BOX 3714
City-St-Zip: ST AUGUSTINE, FL 32085

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TRAVIS GRAFFT MGR 07/10/2008

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