

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

07 JUL 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000047290

1. Entity Name
CRACKER SWAMP FARM 1, LLC



Principal Place of Business Mailing Address
501 ST. JOHNS AVENUE 501 ST. JOHNS AVENUE
PALATKA, FL 32177 PALATKA, FL 32177

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
131 W. Cracker Swamp Rd *2925 Huntleigh Dr.*
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 201

City & State City & State
East Palatka, FL *Raleigh, NC*
Zip Zip
32131 *27604*
Country Country



07202007 Chg-LLC CRZE083 (12/06)

4. FEI Number Applied For
20-5134618 Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, RONALD E ESQ.
501 ST. JOHNS AVENUE
PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and LLC if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Managing Member</i>
STREET ADDRESS		STREET ADDRESS	<i>Joseph E McGee</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2925 Huntleigh Dr</i>
			<i>Raleigh NC 27604</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: *JEMcGee* Date: *7/27/07* Daytime Phone #: *919-981-8095*

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