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Secretary of State
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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047291

1. Entity Name
CRACKER SWAMP FARM 2, LLC

300110

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

01172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
131 E Cracker Swamp Rd	2925 Huntleigh Drive Suite 204
City & State: East Palatka FL	City & State: Raleigh NC 27604
Zip: 32131 Country: USA	Zip: 27604 Country: USA

4. FEI Number: 20-5136965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, RONALD E ESQ. 501 ST. JOHNS AVENUE PALATKA, FL 32177	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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Joseph E McGee ☐ Delete 2925 Huntleigh Drive Raleigh NC 27604 Managing Member	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this [illegible] 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: _____ 02-APR-07 +1 919 981 8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #