2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 05, 2007 8:00 am **Secretary of State** DOCUMENT # L06000088838 03-05-2007 90282 035 ****50.00 CRACKER SHACK, LLC Principal Place of Business Mailing Address 3761 NE 36TH AVENUE 3761 NE 36TH AVENUE 20005616 OCALA, FL 34479 OCALA, FL 34479 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 205564550 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agant Edwin A. Green, III GREEN, EDWIN A III Street Address (P.O. Box Number is Not Acceptable) 4 S.E. BORADWAY. 4 S.E. Broadway OCALA, FL 34471 Zip Code Ocala 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. Edwin A. GirenTB SIGNATURE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME MCCORMICK, JOHN NAME 110 SE 2ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER, FL 34429 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME FITZPATRICK, JOHN NAME 719 SE 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34471 TITLE _ MGRM ☐ Change ☐ Addition REDRICK, STEVEN NAME NAME STREET ADDRESS 2107 SE 13TH STREET STREET ADDRESS CITY-ST-7IP OCALA, FL 34471 CITY-ST-ZIP TITLE MGRM ☐ Delete DITLE ☐ Change ☐ Addition NAME MCCORMICK, ADAM NAME STREET ADDRESS 110 SE 2ND AVENUE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition REDRICK, STUART NAME NAME 1921 NW 18TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34428 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

ED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

352-622-1131