

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088838

Entity Name: CRACKER SHACK, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

3761 NE 36TH AVENUE
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3761 NE 36TH AVENUE
OCALA, FL 34479

New Mailing Address:

FEI Number: 20-5564550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, EDWIN A III
4 S.E. BORADWAY
OCALA, FL 34471 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: MGRM () Delete
Name: MCCORMICK, JOHN
Address: 110 SE 2ND AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM () Delete
Name: FITZPATRICK, JOHN
Address: 719 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: REDRICK, STEVEN
Address: 2107 SE 13TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: MCCORMICK, ADAM
Address: 110 SE 2ND AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM () Delete
Name: REDRICK, STUART
Address: 1921 NW 18TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

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:

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: JOHN L. FITZPATRICK

MGRM

04/22/2009

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