

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089404

FILED
Apr 26, 2007
Secretary of State

Entity Name: THREE CRACKERS, LLC

Current Principal Place of Business:

27 RANIER DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2290
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CHARLES J III
27 RANIER DRIVE
LAKE PLACID, FL 33852 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: WILSON, CHARLES J III
Address: 27 RANIER DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM () Delete
Name: WILSON, DOREEN M
Address: 27 RANIER DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM () Delete
Name: POOL, DANIEL J
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: POOL, ELAINE M
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM () Delete
Name: POOL, DANIEL J JR
Address: 2161 SEBASTIAN COURT
City-St-Zip: ALVA, FL 33920 US

Title: MGRM () Delete
Name: POOL, ALISON W
Address: 2161 SEBASTIAN COURT
City-St-Zip: ALVA, FL 33920 US

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:

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: CHARLES J WILSON III

MGRM

04/26/2007

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