2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L07000027684

Entity Name: FIRST CRACK, LLC

Current Principal Place of Business:

239 NORTH BOYD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

354 CHINOOK CIRCLE
LAKE MARY, FL 32746

Current Mailing Address:

239 NORTH BOYD STREET
WINTER GARDEN, FL 34787

New Mailing Address:

354 CHINOOK CIRCLE
LAKE MARY, FL 32746

FEI Number: 20-8645717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIKES, RONALD W ESQ
1000 EAST ROBINSON STREET STE A
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LETCHWORTH, DANA
Address: 180 WEST WILBUR AVE.
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Change (X) Addition
Name: ORTH, KRISTIE M
Address: 354 CHINOOK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Change (X) Addition
Name: ORTH, MARY K
Address: 34516 PARKVIEW AVENUE
City-St-Zip: EUSTIS, FL 32746

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: KRISTIE M ORTH MGRM 01/21/2008

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