

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

**FILED** 42 ①  
99 SEP 22 AM 11:40 9/24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L98000001642</b>
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<b>CRACKER COWBOY ENTERPRISES, L.C.</b> 3620 ELEVEN MILE RD. FT. PIERCE FL 34945
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1a. Principal Place of Business Address  3620 ELEVEN MILE RD. FT. PIERCE FL 34945
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2. Principal Place of Business <i>Same as above</i> Suite, Apt. #, etc.	2a. Mailing Address <i>Same as above</i> Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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3. Date Organized or Qualified 08/27/1998	3a. State of Formation FL
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4. FEI Number 65-0873279	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> <small>See Instructions for Reporting</small>
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7. Name and Address of Current Registered Agent  PHARES, WILLIAM B 3620 ELEVEN MILE RD. FT. PIERCE FL 34945
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002999313--3 Suite, Apt. #, etc. -09/28/99--01060--007 ***188.75 ***188.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PHARES, WILLIAM B	3620 ELEVEN MILE RD.	FT. PIERCE FL
MGRM	PHARES, SANDRA L	3620 ELEVEN MILE RD.	FT. PIERCE FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

<b>SIGNATURE:</b> <i>W. Phares</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>	<i>8/29/99</i> <small>Date</small>	<i>(520) 216-4846</i> <small>Daytime Phone #</small>
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**Cracker Cowboy Enterprises, L.C.**  
*Specializing in Gourmet Pepper Foods and Florida Cowboy Products*

3620 11 Mile Road  
Fort Pierce, Florida 34945  
(561) 464-1971



September 20, 1999

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a renewal check for \$188.75. We apologize for it being late, but as my husband explained to your office, we never received the first notice.

Please let us know if we need to take any further action.

Thank you,

Sandra L. Phares

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TALLAHASSEE, FLORIDA