

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A0100001265

1. Entity Name
BURKE FAMILY LIMITED PARTNERSHIP



FILED

Principal Place of Business Mailing Address
1421 WEST TERRA MAR DRIVE 1421 WEST TERRA MAR DRIVE
POMPAN0 BEACH, FL 33062 POMPAN0 BEACH, FL 33062

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2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Cng-LP CR2E009 (10/03)

4. FEI Number **06-1135853** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURKE, CATHERINE B
1421 WEST TERRA MAR DRIVE
POMPAN0 BEACH, FL 33062

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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.

SIGNATURE: _____ DATE: _____

9. Capital Contributions as Shown on record: **\$2,378,800.00**

10. Amount of Capital Contributions in FLORIDA to date: **4,253,036.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

19. GENERAL PARTNER INFORMATION		20. ADDRESS CHANGES ONLY	
DOCUMENT #	PO100070071	STREET ADDRESS	
NAME	BURKE HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1421 WEST TERRA MAR DRIVE		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Catherine B. Burke* **3-22-04 9549467064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER