

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

2004 APR -5 P 3:03



MILWAUKEE, FLORIDA

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

03222004 Cng-LP CR2E009 (10/03)

City & State City & State

4. FEI Number Applied For
06-1135853 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. GENERAL PARTNER INFORMATION

12. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
PO1000070071	BURKE HOLDINGS, INC.	1421 WEST TERRA MAR DRIVE	POMPAN0 BEACH, FL 33062

STREET ADDRESS	CITY-ST-ZIP

400031812824
 04/05/04 01018-001 **526 25

STAPLE CHECK HERE

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-22-04 9549467064
 Date Digitize Print #