

**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 #	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	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

**400031812824**  
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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 #