

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001265
 1. Entity Name
 BURKE FAMILY LIMITED PARTNERSHIP



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

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



02282005 Chg-LP CR2E003 (10/03)

4. FFI Number: 65-1135853 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, POMPANO 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: _____
Signature typed or printed name of registered agent and date applicable

9. Capital Contributions as Shown on record: \$4,253,036.00
 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000079971	STREET ADDRESS	
NAME	BURKE HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1421 WEST TERRA MAR DRIVE		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
DOCUMENT #		STREET ADDRESS	000000267520
NAME		CITY-ST-ZIP	03/18/05-80002-020 526.25
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CITY-ST-ZIP			

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)(f), 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* March 9, 2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo/Year