

**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: \_\_\_\_\_

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