

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A01000001265**



1. Entity Name  
**BURKE FAMILY LIMITED PARTNERSHIP**

**FILED**

**2003 MAR 17 AM 12:12**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-1135853**

Applied For

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  
POMPANO 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **BURKE HOLDINGS, INC.**  
STREET ADDRESS **1421 WEST TERRA MAR DRIVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

2/20/03 954 9467064  
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE