

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000673

FILED
Mar 11, 2008
Secretary of State

Entity Name: MB BURKE FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446

New Principal Place of Business:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US

Current Mailing Address:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446

New Mailing Address:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US

FEI Number: 35-2191018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, MELVIN N
15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: BURKE, MELVIN N
Address: 15990 LOMOND HILLS TRAIL
City-St-Zip: DELRAY BEACH, FL 33446
Document #:

Name: BURKE, BEATRICE
Address: 15990 LOMOND HILLS TRAIL
City-St-Zip: DELRAY BEACH, FL 33446

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: DELRAY BEACH, FL 33446 US

Address:
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELVIN N. BURKE

GP

03/11/2008

Electronic Signature of Signing General Partner

Date