2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# A03000000673

Entity Name: MB BURKE FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

15990 LOMOND HILLS TRAIL
DELRAY BEACH, FL 33446 US

New Mailing Address:

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

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:
Address:
City-St-Zip:

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 G.P. 03/25/2009

Electronic Signature of Signing General Partner Date