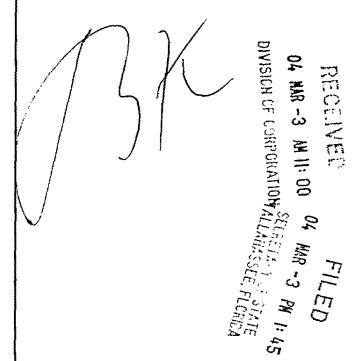
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(Re	equestor's Name)		
(Ad	ldress)		
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(Cir	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	Office Use Onl		



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FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip) (Phone #)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

CR2E031(10/92)

. Butke pro	on Name)	(Document #)	
. (Corporati	on Name)	(Document #)	
(Corporation Name)		(Document #)	
(Corporat	on Name)	(Document #)	
Walk in P	ick up time 2.06	Certified Copy	
Mail out V	Vill wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., O	fficer/Director	
Limited Liability	Change of Registered A	Agent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign	7	
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	7	
	1 1	1	

MARK J. NOWICKI

LAWYER

LOGGERHEAD PLAZA, SUITE 210

14155 U.S. HIGHWAY ONE

JUNO BEACH, PL 33408-1431

MARK I, NOWICKI ALSO ADMITTED IN COLORADO AND MONTANA

OF COUNSEL KENNEDY & ASSOCIATES, P.L. TELEPHONE 561 624-1444
TELEFAX 561 630-4425
EMAIL: mnowickiesq@aol.com

March 2, 2004

BOARD CERTIFIED IN TAXATION
PRACTICE LIMITED TO
ESTATE PLANNING
INCOME TAX PLANNING AND
RELATED FEDERAL TAX MATTERS

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Burke Properties, Ltd.; Statement of Qualification and Name Change to Burke Properties, LLLP

Dear Madam:

I enclose an original Statement of Qualification for Florida Limited Liability Limited Partnership for Burke Properties, Ltd. for filing by the Secretary of State. Also enclosed, you will find my check in the amount of \$86.25 covering filing fees as follows:

1.	Filing fee	\$25.00
2.	Certified copy	\$52.50
3.	Certificate of Status	<u>\$8.75</u>
	Total	\$86.25

If you have any questions, please contact me directly. Thank you for your attention to this matter.

Sincerely,

Mark J. Nowicki

MJN/dmg
D:\WPDOCS\589\SEC-ST2.wpd



STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State: Burke Properties, Ltd.

The limited partnership's Florida document number is A0400000344.

- 2. The suffix adopted for the above named partnership is LLLP.
- 3. After qualification, the name of the partnership shall be: Burke Properties, LLLP.
- 4. The street address of its chief executive office is 4548 Springview Circle, Labelle, FL 33935.
- 5. The limited partnership hereby elects to be a limited liability limited partnership.
- 6. The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.
- 7. The name and Florida address of the partnership's agent for service of process is:

Michael W. Shiver 200 N.W. Avenue L Belle Glade, FL 33430

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this VNA day of Mayola , 2004

William C. Burke, General Partner

Leon D. Burke, General Partner