2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A04000000344

1. Entity Name

BURKE PROPERTIES, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:48

Principal Place of Business	Mailing Address
4548 SPRINGVIEW CIRCLE LABELLE FL 33935	4548 SPRINGVIEW CIRCLE LABELLE FL 33935

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 20-1175657 — Applied For / Not Applicable

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
SHIVER, MICHAEL W 200 N.W. AVENUE L BELLE GLADE FL 33430	Name: Burke, William C. Street Address (P.O. Box Number is Not Acceptable): 4548 Springview Circle City: LaBelle FL Zip Code: 33935

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 Wm. C. Burke William C. Burke 2-16-05
Signature, typed or printed name of registered agent and title if applicable — DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	400055917854 06/08/05--01073--014 **141.25
NAME	BURKE, WILLIAM C		
STREET ADDRESS	4548 SPRINGVIEW CIRCLE		
CITY-ST-ZIP	LABELLE FL 33935	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	BURKE, LEON D		
STREET ADDRESS	2740 N.W 16TH STREET		
CITY-ST-ZIP	BELLE GLADE FL 33430-5213	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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: Wm. C. Burke - William C. Burke 2-16-05 863-675-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #