2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A04000000344

1. Entity Name

BURKE PROPERTIES, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 AM 10:51

Principal Place of Business	Mailing Address
170 N. Elm St. ~~4548 SPRINGVIEW CIRCLE~~ LABELLE FL 33935	170 N. Elm St. ~~4548 SPRINGVIEW CIRCLE~~ LABELLE FL 33935

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
170 North Elm Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
La Belle, Fl	170 North Elm St.
City & State	City & State
33935 ~~Heading~~	La Belle, Fl
Zip / Country	Zip / Country
USA	33935 / ~~Heading~~ USA

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
BURKE, WILLIAM C ~~4548 SPRINGVIEW CIRCLE~~ 170 N. Elm St. LABELLE FL 33935	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.

FILE NOW!!! Fee is $500. * After May 1, 2007, fee will be $900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	BURKE, WILLIAM C 4548 SPRINGVIEW CIRCLE LABELLE FL 33935	STREET ADDRESS CITY-ST-ZIP	170 North Elm Street LaBelle, Fl 33935
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BURKE, LEON D 2740 N.W 16TH STREET BELLE GLADE FL 33430-5213	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600087873966 02/09/07--01046--001 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-27-07 863-675-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #