

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001705

1. Entity Name
DAVID BURKE ENTERPRISES, LTD.



Principal Place of Business
**15110 NORTH 23RD STREET
LUTZ, FL 33549**

Mailing Address
**904 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572**



04292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3604039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLNER, DONNA B
904 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**U000000756355
05/23/07-80024-020 500.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BURKE, DAVID F JR
14905 NORTH 24TH STREE
LUTZ, FL 33549**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PORTWOOD, LINDA
24441 BREEZY OAK COURT
LUTZ, FL 33549**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KELLNER, DONNA
905 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WATERS, DEBRA
2014 EAST 151ST AVENUE
LUTZ, FL 33549**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STAIRS, TONYA
15112 NORTH 23RD STREET
LUTZ, FL 33549**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE