

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90001 017 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L01000009476**

1. Entity Name  
**BURBANK HOLDINGS OF FLORIDA, L.L.C.**



**14026928**

Principal Place of Business  
**% PATTON INTERIORS LIMITED  
115 LAGAN RD.  
DUBLIN 11 IRELAND,**

Mailing Address  
**C/O RUST & CHRISTOPHER, P.A.  
1044 CASTELLO DRIVE, #101/102  
NAPLES, FL 34103**



2. Principal Place of Business  
**NERIN HOUSE**  
Suite, Apt. #, etc.  
**26 RIDGEWAY STREET**  
City & State  
**DOUGLAS**

3. Mailing Address  
**NERIN HOUSE**  
Suite, Apt. #, etc.  
**26 RIDGEWAY STREET**  
City & State  
**DOUGLAS**

07162004 Chg-LLC CR2E083 (10/03)

Zip  
**IMI IEL** Country  
**ISLE OF MAN**

4. FEI Number  
**APPLIED FOR** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHRISTOPHER, SUSAN K  
C/O RUST & CHRISTOPHER, P.A.  
1044 CASTELLO DRIVE, SUITE 101/102  
NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PURCELL, PETER P  
IMI IEL  
ISLE OF MAN, U.K.,** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NERIN HOUSE, 26 RIDGEWAY STREET  
DOUGLAS, ISLE OF MAN IMI IEL** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**17 JULY 04**