

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90054 013 ****50.00

DOCUMENT # L01000010979

1. Entity Name

BURKHARDT FAMILY INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

701 US HIGHWAY 1, SUITE 402
NORTH PALM BEACH FL 33408

701 US HIGHWAY 1, SUITE 402
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

800 Village Square, Xing 800 Village Sq. Xing

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-6345658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

OLIVER, JODY H ESQ
C/O GARY, DYTRYCH & RYAN, P.A.
701 U.S. HIGHWAY ONE SUITE 402
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Oliver, Jody H. Esq.

Street Address (P.O. Box Number is Not Acceptable)

Law Offices of Jody H. Oliver, PLLC

800 Village Square Crossing, Suite 205

City

Palm Beach Gardens

FL

Zip Code

33410

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BURKHARDT, RUTH
STREET ADDRESS 1631 E CLASSICAL BLVD
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE MGR ☐ Delete
NAME BURKHARDT, ROBERT
STREET ADDRESS 18 FIELD ROAD
CITY-ST-ZIP SUDBURY MA 01776-1120

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

ROBERT BURKHARDT

Robert Burkhardt

May 14 2006

781.890.4200

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

Date

Daytime Phone #