


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 029 \*\*\*\*50.00

<b>DOCUMENT # L01000010979</b>	
1. Entity Name <b>BURKHARDT FAMILY INVESTMENTS, L.L.C.</b>	

Principal Place of Business <b>701 US HIGHWAY 1, SUITE 402 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>701 US HIGHWAY 1, SUITE 402 NORTH PALM BEACH FL 33408</b>
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2. Principal Place of Business - No P.O. Box # <b>800 Village Square Crx.</b>	3. Mailing Address <b>800 Village Square Crx.</b>
Suite, Apt. #, etc. <b>#205</b>	Suite, Apt. #, etc. <b>#205</b>

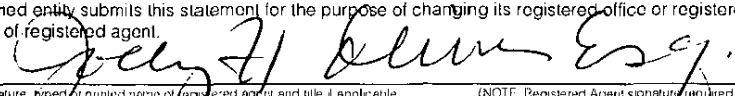
1st MOORE CR2E083 (10/06)

City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>33410</b>	Country <b>USA</b>

4. FEI Number <b>65-6345658</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>OLIVER, JODY H ESQ C/O GARY, DYTRYCH &amp; RYAN, P.A. 701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408</b>	
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7. Name and Address of New Registered Agent Name <b>Jody H. Oliver, Esquire</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>Law Offices of Jody H. Oliver</b>	
<b>800 Village Square Crx. #205</b>	
City <b>Palm Beach Gardens,</b>	FL Zip Code <b>33410</b>

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 <b>1/31/07</b>

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BURKHARDT, RUTH 1631 E CLASSICAL BLVD DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BURKHARDT, ROBERT 18 FIELD ROAD SUDBURY MA 01776-1120</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>ROBERT BURKHARDT, Manager</b>	Date: <b>Feb 6, 2007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	