

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2006 90258 021 ****55.00

DOCUMENT # L01000011903 1. Entity Name BURKE'S AUTO BODY, LLC					
Principal Place of Business 2223 9TH STREET WEST BRADENTON, FL 34205				Mailing Address 2223 9TH STREET WEST BRADENTON, FL 34205	
2. Principal Place of Business <i>1502 Water Oak Way S.</i>		3. Mailing Address <i>1502 Water Oak Way S.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07102005 Chg-LLC CR2E083 (10/03)	
City & State <i>Bradenton, FL</i>		City & State <i>Bradenton, FL</i>		4. FEI Number 65-1125363	
Zip <i>34209</i>		Country <i>USA</i>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <i>34209</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, JOHN D ESQ. 1023 MANATEE AVE. WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name <i>Laura A Shearer</i> Street Address (P.O. Box Number is Not Acceptable) <i>5205 26th St W Ste B</i> City <i>Bradenton</i> FL Zip Code <i>34207</i>	
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 <i>L A Shearer</i> DATE <i>3/15/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, JAMES 2223 9TH STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1502 Water Oak Way S. Bradenton, FL 34209</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, CAROL 2223 9TH STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1502 Water Oak Way S. Bradenton FL 34209</i>	
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 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 <i>James E. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>3/16/06</i> Daytime Phone # <i>941-792-8163</i>		