


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004202		
1. Entity Name BURK & COHEN, LLC		
Principal Place of Business 7805 SW 6 CT. PLANTATION, FL 33324		Mailing Address 7805 SW 6 CT. PLANTATION, FL 33324
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COHEN, DALE C 7805 SW 6 CT. PLANTATION, FL 33324		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 <u><i>Dale Cohen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <i>Dale Cohen - registered agent</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> <u>1-26-05</u> <small>DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURK, STEVEN R P.A. 7805 SW 6 CT. PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, DALE C P.A. 7805 SW 6 CT. PLANTATION, FL 33324	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <u>1-26-05</u> <small>Date</small> <u>954-476-9100</u> <small>Daytime Phone #</small>		



01262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3606667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

UD00000204098
01/29/05-80056-009 50.00