# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000008048**

1. Entity Name
**BURSICO, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 3230 LAKE WORTH ROAD | 3230 LAKE WORTH ROAD |
| LAKE WORTH, FL  33461 | LAKE WORTH, FL  33461 |

## DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 65-0337631 | Not Applicable |

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

6. Name and Address of Current Registered Agent

BURGER, ROBERT M.D.
3230 LAKE WORTH ROAD
LAKE WORTH, FL  33461

## 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_____
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 May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | BURGER, ROBERT  MD |
| STREET ADDRESS | 3230 LAKE WORTH ROAD |
| CITY-ST-ZIP | LAKE WORTH, FL  33461 |
| TITLE | MGRM |
| NAME | SINGER, JERRY  MD |
| STREET ADDRESS | 3230 LAKE WORTH ROAD |
| CITY-ST-ZIP | LAKE WORTH, FL  33461 |
| TITLE | MGRM |
| NAME | COHEN, ROSS  MD |
| STREET ADDRESS | 3230 LAKE WORTH ROAD |
| CITY-ST-ZIP | LAKE WORTH, FL  33461 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000433030
02/23/06-80093-013 50.00

## DO NOT WRITE
## IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Burger M.D.     1/6/06     561 964 0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #