


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000008554 1. Entity Name BURBANK PROPERTIES, LLC	
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Principal Place of Business 2128 BRUCE STREET LAKELAND, FL 33801	Mailing Address P.O. BOX 1823 NEW YORK, NY 10156
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02092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0773740	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  DAWLEY, RONALD C 2128 BRUCE ST LAKELAND, FL 33801
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<b>DO NOT WRITE IN THIS SPACE</b>
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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>Ronald C. Dawley</u> <u>Ronald C. Dawley</u> <u>2-17-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWLEY, RONALD C 2128 BRUCE STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWLEY, JOAN 2128 BRUCE STREET LAKELAND, FL 33801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000248798 03/02/05-80045-003 50.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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)(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: <u>Ronald C. Dawley</u> <u>Ronald C. Dawley</u> <u>2-17-05</u> <u>212-545-7146</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
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