LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2005 8:00 am
Secretary of State
01-21-2005 90092 003 ****50.00

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DOCUMENT #. L03000044020

1. Entity Name
E. BURNETT & ASSOCIATES LLC
19748 GULF BLVD.
INDIAN SHORES, FL. 33785

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19748 GULF BLVD.	19748 GULF BLVD.
Suite, Apt. #, etc.: RESIDENCE	Suite, Apt. #, etc.: RESIDENCE
City & State: INDIAN SHORES, FL.	City & State: INDIAN SHORES, FL.
Zip: 33785 Country: U.S.A.	Zip: 33785 Country: U.S.A.

4. FEI Number: 03-0530934 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: EDSON C. BURNETT
Street Address (P.O. Box Number is Not Acceptable): 19748 GULF BLVD.
City: INDIAN SHORES **FL** Zip Code: 33785

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 ________
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	EDSON C. BURNETT	NAME	
STREET ADDRESS	19748 GULF BLVD.	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL, 33785	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: Edson C. Burnett 1/17/05 727-596-8559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #