


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90221 002 \*\*\*\*50.00

<b>DOCUMENT # L03000048176</b> 1. Entity Name <b>BURKETTE SERVICES, LLC</b>					
Principal Place of Business <b>3304 MEGANS WAY PACE FL 32571</b>			Mailing Address <b>3304 MEGANS WAY PACE FL 32571</b>		
2. Principal Place of Business - No P.O. Box # <b>9526 CHANDLER ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 925</b> Suite, Apt. #, etc.			
City & State <b>PENSACOLA FL.</b>		City & State <b>CANTONMENT FL.</b>		4. FEI Number <b>52-2416642</b>	
Zip <b>32534-1203</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURKETTE, MICHAEL D 3304 MEGANS WAY PACE FL 32571</b>				7. Name and Address of New Registered Agent Name <b>BURKETTE, MICHAEL D. BURKETTE SERVICES LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>9526 CHANDLER ST.</b> City <b>PENSACOLA FL</b> Zip Code <b>32534-1203</b>	
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>Michael D. Burkette</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5-4-07</u>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURKETTE, MICHAEL D 3304 MEGANS WAY PACE FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURKETTE, MICHAEL D. 9526 CHANDLER ST. PENSACOLA FL. 32534-1203
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Michael D. Burkette</i></u> <u>5-4-07</u> (850) 232-3841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *</small>					