

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90042 031 ****55.00

DOCUMENT # L03000053586					
1. Entity Name BURWOOD ENTERPRISES, LLC					
Principal Place of Business 1217 CAPE CORAL PKWY. #300 CAPE CORAL, FL 33904			Mailing Address 23404 W. LYONS AVE. #223 NEWHALL, CA 91321		
2. Principal Place of Business 11622 Water Poppy Terrace Suite, Apt. #, etc.			3. Mailing Address 11622 Water Poppy Terrace Suite, Apt. #, etc.		
City & State LAKEWOOD RANCH, FL			City & State LAKEWOOD RANCH, FL		
Zip 34202		Country MANATEE		4. FEI Number 20-0496471	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY. #300 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WESSELL, KEVIN STREET ADDRESS 1217 CAPE CORAL PKWY. CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Gene B. Burwood STREET ADDRESS 11622 Water Poppy Terrace CITY-ST-ZIP LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGRM NAME Stephanie L Burwood STREET ADDRESS 11622 Water Poppy Terrace CITY-ST-ZIP LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Gene B. Burwood		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/23/04		
			Daytime Phone # 941-373-6774		

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