

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053586

FILED
Apr 29, 2007
Secretary of State

Entity Name: BURWOOD ENTERPRISES, LLC

Current Principal Place of Business:

11622 WATER POPPY TERR.
BRADENTON, FL 34202 US

New Principal Place of Business:

7415 LAKE FOREST GLEN
BRADENTON, FL 34202 US

Current Mailing Address:

8374 MARKET STREET
SUITE 159
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 20-0496471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURWOOD, GENE B
Address: 11622 WATER POPPY TERR.
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM () Delete
Name: BURWOOD, STEPHANIE L
Address: 11622 WATER POPPY TERR.
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURWOOD, GENE B
Address: 7415 LAKE FOREST GLEN
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM (X) Change () Addition
Name: BURWOOD, STEPHANIE L
Address: 7415 LAKE FOREST GLEN
City-St-Zip: LAKEWOOD RANCH, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE BURWOOD

MRS.

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date