2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001262

1. Entity Name
BURNS COURT DEVELOPMENT, LLC



Principal Place of Business

1074 NORTH ORANGE AVE. SARASOTA, FL 34236 Mailing Address

1074 NORTH ORANGE AVE. Sarasota, FL 34236

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90041 045 ***138.75



04152008 No Chg-LLC

CR2E083 (12/07)

941 361 9936

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4. Ft	El Number			Applied For
_ 2	0-0587602			Not Applicable
5. C	ertificate of Status Desired		\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JOELS, EMMA J 1074 NORTH ORANGE AVENUE SARASOTA, FL 34236

SIGNATURE:

SIGNATURE AND PYPED OR PROTED NAME OF SIGN

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, a	and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signeture required when reinstating) DATE			
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, MARK S 1074 NORTH ORANGE AVENUE SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARVISOTA, P.C. 34230				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 cath; 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.					

ER, OR AUTHORIZED REPRESENTATIVE