


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90431 001 ****50.00

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|--|--------------------------------------|---|---|---|--|
| DOCUMENT # L04000031266 1. Entity Name BURDETTE DESIGN/BUILD, LLC | | | |  | |
| Principal Place of Business 4011 BELAIR LANE NAPLES, FL 34103-3526 | | | Mailing Address 4011 BELAIR LANE NAPLES, FL 34103-3526 | | |
| 2. Principal Place of Business - No P.O. Box # 800 LAKE VISTA CT Suite, Apt. #, etc. | | 3. Mailing Address 800 LAKE VISTA CT Suite, Apt. #, etc. | | | |
| City & State NAPLES, FL Zip 34108-8235 | | City & State NAPLES, FL Zip 34108-8235 | | 4. FEI Number 31-1504352 Applied For <input type="checkbox"/> Not Applicable | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BURDETTE, MELVIN L JR 4011 BELAIR LANE NAPLES, FL 34103-3526 | | | 7. Name and Address of New Registered Agent Name BURDETTE, MELVIN L JR Street Address (P.O. Box Number is Not Acceptable) 800 LAKE VISTA CT City NAPLES FL Zip Code 34108-8235 | | |
| 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>Melvin L Burdette Jr</u> DATE <u>3/22/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KIEFER, JOAN P | NAME | 800 LAKE VISTA CT | | |
| STREET ADDRESS | 4011 BELAIR LANE | STREET ADDRESS | NAPLES, FL 34108-8235 | | |
| CITY-ST-ZIP | NAPLES, FL 341033526 | CITY-ST-ZIP | 34108-8235 | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BURDETTE, MELVIN L JR | NAME | 800 LAKE VISTA CT | | |
| STREET ADDRESS | 4011 BELAIR LANE | STREET ADDRESS | NAPLES, FL 34108-8235 | | |
| CITY-ST-ZIP | NAPLES, FL 341033526 | CITY-ST-ZIP | 34108-8235 | | |
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| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>Melvin L Burdette Jr</u> | | <u>3/22/2007 239-40-0201</u> <small>Date Daytime Phone #</small> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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