

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039439

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** BURNS MANAGEMENT SYSTEMS, LLC

**Current Principal Place of Business:**

100 DETMAR DR  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

627 CALIBRE CREST PKWY #101  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 37-1490565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, STEVEN C  
627 CALIBRE CRST PKWY # 101  
ALTAMONTE SPRINGS, FL 32714 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:** BURNS, STEVEN C  
**Address:** 100 DETMAR DR  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGRM (X) Delete  
**Name:** KESSLING, CHRISTINE  
**Address:** 100 DETMAR DR  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BURNS, STEVEN C  
**Address:** 627 CALIBRE CREST PKWY #101  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32751

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** STEVEN BURNS

MGRM

04/27/2009

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