

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 006 ****50.00

DOCUMENT # L05000000402

1. Entity Name
BURKE & COMPANY, LLC



Principal Place of Business
**529 PINEAPPLE AVE. SOUTH
SARASOTA, FL 34236**

Mailing Address
**46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236**

2. Principal Place of Business

527 PINEAPPLE AVE. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03222006

Chg-LLC

CR2E083 (11/05)

City & State

SARASOTA, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

34236

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

BURKE, CHERYL

**529 PINEAPPLE AVE. SOUTH
SARASOTA, FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**527 PINEAPPLE AVE. SOUTH
SARASOTA, FL 34236**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(941) 952-0042

Date

Daytime Phone #

CHERYL BURKE, MGRM