


# LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000003093**

1. Entity Name  
**BURKETT'S BUILDING & REMODELING LLC**



Principal Place of Business <b>905 NE 18 TERR GAINESVILLE, FL 32641</b>	Mailing Address <b>905 NE 18 TERR GAINESVILLE, FL 32641</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>43-2072856</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BURKETT, TIMOTHY S  
905 NE 18 TERR  
GAINESVILLE, FL 32641**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000651286  
03/09/07-80001-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, TIMOTHY 905 NE 18TH TERR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *X Timothy S Burkett* **2-26-06** **1352** **222-7534**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #