8/23/2008 12:39 PM FROM: 386-454-4338 INSIGHT INSIGHT CONSTRUCTION MANAGEMENT 1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State
08-27-2008 90029 007 ***138.75

DOCUMENT # L05000003093

1. Entity Name
BURKETT'S BUILDING & REMODELING LLC

08232008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
905 NE 18 TERR GAINESVILLE, FL 32641	905 NE 18 TERR GAINESVILLE, FL 32641
2. Principal Place of Business - No P.O. Box #: 913 NE 18 TERR	3. Mailing Address: 913 NE 18 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32641 Country:	Zip: 32641 Country: Alachua

4. FEI Number: 43-2072856 ☐ Applied For ☐ Not Applicable

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
BURKETT, TIMOTHY S 905 NE 18 TERR GAINESVILLE, FL 32641	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 X N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, TIMOTHY 905 NE 18TH TERR GAINESVILLE, FL 32641 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X Timothy Burkett 8-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #