

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013323

Entity Name: BURRCO DEVELOPMENT, LLC

FILED  
Jan 10, 2006  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 970107  
COCONUT CREEK, FL 33097

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 970107  
COCONUT CREEK, FL 33097

**New Mailing Address:**

FEI Number: 02-0738043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BURRELL, PAUL  
3860 N.W. 118TH AVENUE  
CORAL SPRINGS, FL 33065 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: BURRELL, PAUL M  
Address: 5301 GODFREY ROAD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM ( ) Delete  
Name: COHEN, JEFFREY A  
Address: P.O. BOX 970107  
City-St-Zip: COCONUT CREEK, L3 33097

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY A. COHEN

MGRM

01/10/2006

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