

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90044 001 ***250.00

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1. Entity Name
BURKE PICNIC STREET, LLC



Principal Place of Business
**17261 CHARLEE ROAD
PUNTA GORDA, FL 33955**

Mailing Address
**C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950**

30004841



2. Principal Place of Business

17261 CHARLEE ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02062006 Chg-LLC CR2E083 (11/05)

City & State

PUNTA GORDA FL

City & State

4. FEI Number

20-3036736

Applied For

Not Applicable

Zip

33955

Country

US

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

**HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950**

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 **MGR** ☐ Delete
NAME **BURKE, BETTY**
STREET ADDRESS **17261 CHARLEE ROAD**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

BETTY BURKE, MANAGER