OUCUMENT # L05000047177         1. Entity Name BURKE HINTON STREET, LLC       04-12-2006 900         Principal Place of Business       30004         99 NESBIT STREET (/0 DAVID HOLMES PUNTA GORDA, FL 33950       9 NESBIT STREET (/0 DAVID HOLMES PUNTA GORDA, FL 33950       30004         2. Principal Place of Business       3. Mailing Address       02062006 Chg-LLC CI         Suite, Apt. #, etc.       Suite, Apt. #, etc.       02062006 Chg-LLC CI         City & State       Country       5. Certificate of Status Desired         2ip       Country       Suite, Apt. #, etc.       02062006 Chg-LLC CI         City & State       City & State       1. FEI Number 20 ~ 303 G/G S 1         Zip       Country       5. Certificate of Status Desired         6. Name and Address of Current Registered Agent       Name and Address of New Registing Address (P.O. Box Number is Not Acceptable)         FAR, FARR, EMERICH, HACKETT AND CARR, PA       City         SigNATURE       Summer, typed or prelied agent, or both, in the State of Florida.         SigNATURE       Summer, typed or prelied neare of inguistred agent and title # lapphcabe.         Signature, typed or prelied neare of inguistred	FILED Apr 12, 2006 8:00 am Secretary of State	
99 MESBIT STREET CODAVID HOUMES COD AND HOUMES COD		
Suile. Apl. #, etc.         Suile. Apl. #, etc.         D2062006         Chg-LLC         CI           City & State         City & State         4. FEI Number         20 - 30.3 (6.6.51)         20 - 30.3 (6.6.51)           Zip         Country         Zip         Country         5. Certificate of Status Desired         20 - 30.3 (6.6.51)           Aname and Address of Current Registered Agent         7. Mame and Address of New Regist         Name           HOLMES, DAVID A         99 NESBIT STREET         Street Address (P.O. Box Number is Not Acceptable)           FAR, FARR, EMERICH, HACKETT AND CARR, PA         Street Address (P.O. Box Number is Not Acceptable)           City & State         City & State         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is Not Acceptable)         City & State         City & State           Street Address (P.O. Box Number is Not Acceptable)         City & State         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is address of the second agent of the obligations of registered agent, or both, in the State of Florida.         City & State           Street Address (P.O. Box Number is Not Acceptable)         Make ch         Florida Deg           Filling Fee is \$50.00         Image: Image is \$50.00         Image is \$50.00         Image is \$50.00           Street Address         Image i	<b>30004839</b>	
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Zip     Country     Zip     Country     S. Certificate of Status Desired       6. Name and Address of Current Registered Agent     7. Name and Address of New Regist       HOLMES, DAVID A     Name       99 NESBIT STREET     FAR, FARR, EMERICH, HACKETT AND CARR, PA       PUNTA GORDA, FL 33950     Street Address (P.O. Box Number is Not Acceptable)       City     City       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida.       the obligation of registered agent.       SICIATURE       Symans, typed or preteomere diregement goes and site if applicate.       Intel modeling and the information of the purpose of changing its registered Agent syman included agent, or both, in the State of Plotida.       SICIATURE       Symans, typed or preteomere diregement goes and site if applicate.       Intel modeling and the information of the purpose of changing its registered Agent syman included agent, or both, in the State of Plotida.       SICIATURE       Signame, typed or preteomere diregement goes and site if applicate.       Intel modeling and the information of the purpose of changing its registered Agent syman included agent, or both, in the State of Plotida.       Signame, typed or preteomere diregement goes and site if applicate.       Intel modeling and the information of the purpose of changing its registered agent, or both, in the State of Plotida.       Signame, typed or preteomere diregement goes and site if applicate.		
	20 - 303 6651 Not Applicable	
HOLMES, DAVID A     Name       HOLMES, DAVID A     Street Address (P.O. Box Number is Not Acceptable)       FAR, FARR, EMERICH, HACKETT AND CARR, PA     City       City     City       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       the obligations of registered agent.       SIGNATURE       Signature, trade of ponted name of ingetered agent and title / topokable       Filling Fee is \$50.00       Due by May 1, 2006       Imte       M&R       BURL/EE, BETTY       172.61       CHY-ST-2P       Imte       NAME       SIRET ADDRESS       Inte       SIRET ADDRESS       Inte       NAME       SIRET ADDRESS       Inte       Name       SIRET ADDRESS       Inte       Name       Delete       Inte       Name       SIRET ADDRESS       Inte       Name       SIRET ADDRESS       Inte       Name       SIRET ADDRESS       Inte       Name       SIRET ADDRESS       Inte       Inte       Name       SIRET ADDRESS       Inte<	□ \$5.00 Add Fee Require	
Sign NESBIT STREET       Street Address (P.O. Box Number is Not Acceptable)         FAR, FARR, EMERICH, HACKETT AND CARR, PA       City         City       City         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, the obligations of registered agent.       City         SIGNATURE       Somarre, typed or previde name of implement agent and the if applicable.       (NOTE: Registered Agent signeture registered agent, or both, in the State of Florida.         SIGNATURE       Somarre, typed or previde name of implement agent and the if applicable.       (NOTE: Registered Agent signeture registered agent, or both, in the State of Florida.         SIGNATURE       Somarre, typed or previde name of implement agent and the if applicable.       (NOTE: Registered Agent signeture registered agent, or both, in the State of Florida.         SIGNATURE       Make oth Florida Degistered Agent signeture registered agent, or both, in the State of Florida.       Make oth Florida Degistered Agent signeture registered agent, or both, in the State of Florida.         SIGNATURE       Make oth Florida Degistered Agent signeture registered Agent signeture registered agent, or both, in the State of Florida.         SIGNATURE       Make Street Address       Street Address         Street Address       Street Address       Street Address         Street Address       Street Address       Street Address         Street Address	tered Agent	
City         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida, the obligations of registered agent.         SIGNATURE         Systems typed or printed name of registered agent and the if applicable         Filling Fee is \$50.00         Due by May 1, 2006         9.         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHA         Title         B.         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHA         Title         B.         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHA         Title         BUNTA GORDA FL 339 55         CITY 51-2P      TITLE         TITLE         NMAE         SITEL ADDRESS         CITY 51-2P         TITLE         TITLE         TITLE         TITLE         TITLE	(P.O. Box Number is Not Acceptable)	
the obligations of registered agent.  SIGNATURE Spraume, typed or preted name of ingistered agent and tite if applicable  Filling Feee is \$50.00 Due by May 1, 2006  NAAke cha Fiorida Deg Make cha Fiorida Deg MANAGING MEMBERS/MANAGERS  NAKE  NAKE BURLICE, BETTY SITTEE MORESS CITY-ST-2IP  Delete ITLE NAKE SIREET ADDRESS CITY-ST-2IP  TILE NAKE SIREET ADDRESS SIR	FL Zip Cod	le
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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 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 r limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZE D REPRESENTATIVE Date	er certify that the inf member or manag Daytime Phone #	ormation er of the