

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90038 013 \*\*\*\*50.00

**DOCUMENT # L05000071780**

1. Entity Name  
**MIKE BURCH LLC**



Principal Place of Business  
**565 JOHN STREET  
LAKE HELEN, FL 32744**

Mailing Address  
**565 JOHN STREET  
LAKE HELEN, FL 32744**

**20029638**



2. Principal Place of Business  
**501 DEER POND ROAD**

3. Mailing Address  
**501 DEER POND ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-LLC CR2E083 (11/05)

City & State  
**OSTEEN, FLORIDA**

City & State  
**OSTEEN, FLORIDA**

4. FEI Number  
**203179359**

Applied For  
Not Applicable

Zip  
**32764**

Country  
**USA**

Zip  
**32764**

Country  
**USA**

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

**BURCH, MIKE  
565 JOHN STREET  
LAKE HELEN, FL 32744**

Name **BURCH, MIKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**501 DEER POND ROAD**

City **OSTEEN** FL Zip Code **32764**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BURCH, MIKE  
565 JOHN STREET  
LAKE HELEN, FL 32744** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BURCH, MIKE  
501 DEER POND ROAD  
OSTEEN FLORIDA 32744** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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☐ 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: Mike BURCH**

**4-7-2006 321 377-7173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #