

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L05000083104</b><br>1. Entity Name<br><b>BURGK TRADING, LLC</b>    |   |  |
| Principal Place of Business<br><b>5070 SCHOONER OAKS WAY<br/>STUART FL 34997</b> |   | Mailing Address<br><b>5070 SCHOONER OAKS WAY<br/>STUART FL 34997</b>              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                        | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |
| City & State   |   | City & State  |
| Zip  | Country                                       | Zip   |



1st MOORE      CR2E083 (10/05)

4. FEI Number  Applied For  Not Applied

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BURGK, TARYN<br/>5070 SCHOONER OAKS WAY<br/>STUART FL 34997</b> | <b>7. Name and Address of New Registered Agent</b><br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br><br>City _____ <b>FL</b> 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 *Taryn Burgk* *TARYN BURGK* *1/29/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS |                        |                                 |  | 10. ADDITIONS/CHANGES |                          |                                 |                                   |
|------------------------------|------------------------|---------------------------------|--|-----------------------|--------------------------|---------------------------------|-----------------------------------|
| TITLE                        | MGRM                   | <input type="checkbox"/> Delete |  | TITLE                 | 1100000414083            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | BURGK, TARYN           |                                 |  | NAME                  | 02/11/06-80019-024 50.00 |                                 |                                   |
| STREET ADDRESS               | 5070 SCHOONER OAKS WAY |                                 |  | STREET ADDRESS        |                          |                                 |                                   |
| CITY-ST-ZIP                  | STUART FL 34997        |                                 |  | CITY-ST-ZIP           |                          |                                 |                                   |
| TITLE                        |                        | <input type="checkbox"/> Delete |  | TITLE                 |                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                        |                                 |  | NAME                  |                          |                                 |                                   |
| STREET ADDRESS               |                        |                                 |  | STREET ADDRESS        |                          |                                 |                                   |
| CITY-ST-ZIP                  |                        |                                 |  | CITY-ST-ZIP           |                          |                                 |                                   |
| TITLE                        |                        | <input type="checkbox"/> Delete |  | TITLE                 |                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                        |                                 |  | NAME                  |                          |                                 |                                   |
| STREET ADDRESS               |                        |                                 |  | STREET ADDRESS        |                          |                                 |                                   |
| CITY-ST-ZIP                  |                        |                                 |  | CITY-ST-ZIP           |                          |                                 |                                   |
| TITLE                        |                        | <input type="checkbox"/> Delete |  | TITLE                 |                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                        |                                 |  | NAME                  |                          |                                 |                                   |
| STREET ADDRESS               |                        |                                 |  | STREET ADDRESS        |                          |                                 |                                   |
| CITY-ST-ZIP                  |                        |                                 |  | CITY-ST-ZIP           |                          |                                 |                                   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Taryn Burgk* *TARYN BURGK* *1/29/06* *(772) 631-0945*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #