

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 003 ****50.00

DOCUMENT # L06000048822

1. Entity Name

EDSEL BURKE CONSTRUCTION LLC



Principal Place of Business

5025 PINE AVE
YOUNGSTOWN FL 32466
US

Mailing Address

5025 PINE AVE
YOUNGSTOWN FL 32466
US



2. Principal Place of Business - No P.O. Box #

5025 Pine Ave.

Suite, Apt. #, etc.

3. Mailing Address

5025 Pine Ave

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Youngstown FL

Zip 32466

Country USA

City & State

Youngstown FL

Zip 32466

Country USA

4. FEI Number

20-4853019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, EDELS S SR
5025 PINE AVE
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

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, and address of agent and fee is applicable

*NOTE: Registered Agent signature required when applicable

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BURKE, EDELS S SR
STREET ADDRESS 5025 PINE AVE
CITY ST-ZIP YOUNGSTOWN FL 32466

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 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

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

Date

Telephone Phone #

Edsel S. Burke Sr.

2/6/07

8507224560