2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000050442

Entity Name: BURTON-FRALEIGH HOUSE, LLC

Current Principal Place of Business:

176 NORTHEAST SUMPTER
MADISON, FL 32340 US

New Principal Place of Business:

176 NE SUMPTER
MADISON, FL 32340 US

Current Mailing Address:

199 NORTHEAST RANGE AVENUE
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 87-0784186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIKE, RAE
199 NORTHEAST RANGE AVENUE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

PIKE, HILDA R
307 W DADE STREET
MADISON, FL 32340 US

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.

SIGNATURE: H RAE PIKE 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PIKE, RAE	
Address:	199 NORTHEAST RANGE AVENUE	
City-St-Zip:	MADISON, FL 32340 US	
Title:	MGRM	( ) Delete
Name:	PIKE, STEPHEN	
Address:	199 NORTHEAST RANGE AVENUE	
City-St-Zip:	MADISON, FL 32340 US	
Title:	MGRM	( ) Delete
Name:	STUBE, KEVIN	
Address:	2555 SOUTH VINE STREET	
City-St-Zip:	DENVER, CO 80210	
Title:	MGRM	( ) Delete
Name:	MAULTSBY, JOHN P	
Address:	139 NORTHEAST MARION STREET	
City-St-Zip:	MADISON, FL 32340 US	
Title:	MGRM	( ) Delete
Name:	POIRIER, JOEL	
Address:	199 NORTHEAST RANGE AVENUE	
City-St-Zip:	MADISON, FL 32340 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	PIKE, HILDA R	
Address:	307 W DADE STREET	
City-St-Zip:	MADISON, FL 32340 US	
Title:	MGRM	(X) Change ( ) Addition
Name:	PIKE, STEPHEN H	
Address:	307 W DADE STREET	
City-St-Zip:	MADISON, FL 32340 US	
Title:	MGRM	(X) Change ( ) Addition
Name:	STUBE, KEVIN	
Address:	3561 S DAWSON ST	
City-St-Zip:	AURORA, CO 80014	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H RAE PIKE MRS 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date