

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115310

**FILED**  
**Jul 27, 2007**  
**Secretary of State**

**Entity Name:** MICHAEL BURKE PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

8184 PELICAN ROAD  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

**Current Mailing Address:**

8184 PELICAN ROAD  
FORT MYERS, FL 33967 US

**New Mailing Address:**

**FEI Number:** 20-5970927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BURKE, MICHAEL  
8184 PELICAN ROAD  
FORT MYERS, FL 33967 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURKE, MICHAEL  
Address: 8184 PELICAN ROAD  
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGRM ( ) Delete  
Name: BURKE, DARLENE C  
Address: 8184 PELICAN ROAD  
City-St-Zip: FORT MYERS, FL 33967 US

**ADDITIONS/CHANGES:**

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: MICHAEL BURKE

MGRM

07/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date