

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011313

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** BURKE MANAGEMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

1811 ENGLEWOOD ROAD #264  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1811 ENGLEWOOD ROAD #264  
ENGLEWOOD, FL 34223

**New Mailing Address:**

C/O DOROTHY L. KORSZEN  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

FEI Number: 08-4542717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KORSZEN, DOROTHY L  
FARR, FARR, EMERICH, HACKETT AND CARR, PA  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BURKE, PAUL R  
Address: 1811 ENGLEWOOD ROAD #264  
City-St-Zip: ENGLEWOOD, FL 34223

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: PAUL R. BURKE

MGR

04/21/2008

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