2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000045212

FILED
Jul 30, 2008
Secretary of State

Entity Name: BURKE ENTERPRISE LLC

Current Principal Place of Business:

193 SE 524 ST
CROSS CITY, FL 32628 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1491
CROSS CITY, FL 32628 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FLORIDA-INCORPORATIONS.NET INC
3219 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065 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: MGR ( ) Delete
Name: BURKE, WENDELL
Address: P.O.BOX 1491
City-St-Zip: CROSS CITY, FL 32628 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BURKE, WENDELL
Address: P.O.BOX 1491
City-St-Zip: CROSS CITY, FL 32628 US

Title: MGRM ( ) Change (X) Addition
Name: BURKE, EDGAR D
Address: PO BOX 1491
City-St-Zip: CROSS CITY, FL 32628

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: WENDELL BURKE MGRM 07/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date