

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045212

Entity Name: BURKE ENTERPRISE LLC

FILED  
Mar 24, 2009  
Secretary of State

**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: 80-0337297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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: MGRM ( ) Delete  
Name: BURKE, WENDELL  
Address: P.O.BOX 1491  
City-St-Zip: CROSS CITY, FL 32628 US

**ADDITIONS/CHANGES:**

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

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: WENDELL BURKE

MGR

03/24/2009

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