

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065635

FILED
Mar 23, 2009
Secretary of State

Entity Name: COUNTS-BURKE MANUFACTURING, LLC

Current Principal Place of Business:

3601 SW 38TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

16611 SE 58TH AVE
SUMMERFIELD, FL 34491 US

Current Mailing Address:

3601 SW 38TH AVENUE
OCALA, FL 34474 US

New Mailing Address:

16611 SE 58TH AVE
SUMMERFIELD, FL 34491 US

FEI Number: 26-0401690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNTS, STEVEN C
3601 SW 38TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

COUNTS, STEVEN C
16611 SE 58TH AVE
SUMMERFIELD, FL 34491 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: STEVEN C COUNTS

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COUNTS, STEVEN C
Address: 3601 SW 38TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: BURKE, WILLIAM H JR.
Address: 4580 SW 20TH STREET
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COUNTS, STEVEN C
Address: 16611 SE 58TH AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

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: STEVEN C COUNTS

MGRM

03/23/2009

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