## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000087615

Address:

City-St-Zip:

Entity Name: BURKS & SONS DEVELOPMENT LLC

FILED Feb 18, 2009 Secretary of State

10011 ESTERO TOWN COMMONS PL UNIT 104 A

ESTERO, FL 33928

**Current Principal Place of Business: New Principal Place of Business:** 4389 SOUTHWEST CALAH CIRCLE 10011 ESTERO TOWN COMMONS PLACE PORT SAINT LUCIE, FL 34953 104 A ESTERO, FL 33928 **Current Mailing Address: New Mailing Address:** 4389 SOUTHWEST CALAH CIRCLE 10011 ESTERO TOWN COMMONS PLACE PORT SAINT LUCIE, FL 34953 104 A ESTERO, FL 33928 FEI Number: 22-3967694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition BURKS, MICHAEL E PRES BURKS, MICHAEL E PRES Name: Name: 4389 S W CALAH CIRCLE Address: 10011 ESTERO TOWN COMMONS PL UNIT 104 A Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: ESTERO, FL 33928 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: BURKS, STRIKER M VPRES Address: Address: 10011 ESTERO TOWN COMMONS PL UNIT 104 A City-St-Zip: City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: MRS ( ) Change (X) Addition BURKS, CHRISTA M SECT Name: Name: 10011 ESTERO TOWN COMMONS PL UNIT 104 A Address: Address: City-St-Zip: City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: MR ( ) Change (X) Addition Name: Name: BURKS, TRINITY J TR 10011 ESTERO TOWN COMMONS PL UNIT 104 A Address: Address: City-St-Zip: City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: ( ) Change (X) Addition BURKS, PAYTON C MANGR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL BURKS PRES 02/18/2009