




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 023 ***138.75

DOCUMENT # L07000097404 1. Entity Name BURROWS PROPERTIES LLC					
Principal Place of Business 517 OAKMONT DR ORANGE PARK, FL 32073 US			Mailing Address 517 OAKMONT DR ORANGE PARK, FL 32073 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60009904</div>  <div style="margin-top: 20px;"> 02142008 Chg-LLC CR2E083 (12/06) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 18px; font-weight: bold;">261135030</div>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60009904</div>  <div style="margin-top: 20px;"> 02142008 Chg-LLC CR2E083 (12/06) </div>	
6. Name and Address of Current Registered Agent BURROWS, JERRY A 517 OAKMONT DR ORANGE PARK, FL 32073					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
State: FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Jerry A. Burrows</i></u> DATE: <u>2/16/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURROWS, JERRY A 517 OAKMONT DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURROWS, JOSEPHINE L 517 OAKMONT DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Jerry A. Burrows</i></u> Jerry A. Burrows <u>2/16/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					