

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100341

FILED
May 19, 2008
Secretary of State

Entity Name: FRANK BURNS PROPERTIES LLC

Current Principal Place of Business:

108 INTRACOASTAL POINTE DRIVE, STE. 100
JUPITER, FL 33477

New Principal Place of Business:

108 INTRACOASTAL POINTE DRIVE
SUITE 100
JUPITER, FL 33477

Current Mailing Address:

108 INTRACOASTAL POINTE DRIVE, STE. 100
JUPITER, FL 33477

New Mailing Address:

108 INTRACOASTAL POINTE DRIVE
SUITE 100
JUPITER, FL 33477

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNS, CHARLES H
108 INTRACOASTAL POINTE DRIVE, STE. 100
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

BURNS, CHARLES H
480 SURFSIDE LANE
JUNO BEACH, FL 33408 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:

05/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURNS, CHARLES H
Address: 108 INTRACOASTAL POINTE DRIVE, STE. 100
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURNS, CHARLES H
Address: 480 SURFSIDE LANE
City-St-Zip: JUNO BEACH, FL 33408

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: CHARLES H BURNS

MGRM

05/19/2008

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