

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116840

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Entity Name:** BURKE SPECIAL PRODUCTS, LLC

**Current Principal Place of Business:**

8000 HEALTH CENTER BOULEVARD  
SUITE 300  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

8000 HEALTH CENTER BOULEVARD  
SUITE 300  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

8000 HEALTH CENTER BOULEVARD  
SUITE 300  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

8000 HEALTH CENTER BOULEVARD  
SUITE 300  
BONITA SPRINGS, FL 34135 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASP, INC.  
3001 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 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: MGR ( ) Delete  
Name: BURKE, WILLIAM J  
Address: 15272 FIDDLESTICKS BOULEVARD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURKE, WILLIAM J  
Address: 15272 FIDDLESTICKS BOULEVARD  
City-St-Zip: FORT MYERS, FL 33912 US

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: WILLIAM J BURKE

MGR

03/12/2009

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