


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # L98000000413 1. Entity Name BURCHAR, L.L.C.	
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Principal Place of Business 188 LAS BRIAS CIRCLE HYPOLUXO, FL 33462	Mailing Address 188 LAS BRIAS CIRCLE HYPOLUXO, FL 33462
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0839801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

EPSTEIN, BURT
188 LAS BRIAS CIRCLE
HYPOLUXO, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000874401
04/10/08-80116-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR EPSTEIN, BURT 188 LAS BRIAS CIRCLE HYPOLUXO, FL 33462
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR EPSTEIN, CHARLOTE 188 LAS BRIAS CIRCLE HYPOLUXO, FL 33462
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**DO NOT WRITE
IN THIS SPACE**

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: Burt Epstein Burt Epstein 3/26/08 561-540-8189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #