


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90105 006 ****50.00

DOCUMENT # M00000000160	
1. Entity Name E. W. BURTON, LLC	

Principal Place of Business 165 CHAPEL ST. STRATFORD, CT 06614	Mailing Address 165 CHAPEL ST. STRATFORD, CT 06614
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2. Principal Place of Business 14101 CYPRESS CIRCLE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL	City & State
Zip 33618	Country U.S.A.

6. Name and Address of Current Registered Agent	
BURTON, KENNETH A 14101 CYPRESS CIRCLE TAMPA, FL 33624	



07022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1563359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURTON, KENNETH A 14101 CYPRESS CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kenneth A Burton* **7/3/06** **(813) 784-5293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #