

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT-(UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90001 007 ****50.00

DOCUMENT # M01000001847

1. Entity Name

BURKE II, L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

568 Ninth Street, Suite 137

3. Mailing Address

568 Ninth Street, Suite 137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

48-1168012

Applied For

Not Applicable

Zip

34102

Country

Collier

Zip

34102

Country

Collier

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Norman C. Burke

Street Address (P.O.-Box Number is Not Acceptable)

568 Ninth Street, Suite 137

City

Naples

FL

Zip Code

34102

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

Mgr

NAME

Norman C. Burke

STREET ADDRESS

568 Ninth Street, Suite 137

CITY-ST-ZIP

Naples, FL 34102

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman C. Burke* NORMAN C. BURKE

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

2-24-03 239-269-4100

Date Daytime Phone #

CR2E083B (12/02)