


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90010 009 \*\*\*138.75

DOCUMENT # L04000013701			
1. Entity Name JACK SULLIVAN L. L. C.			
Principal Place of Business 727 LAKEWORTH CIRCLE HEATHROW, FL 32746 US		Mailing Address 727 LAKEWORTH CIRCLE HEATHROW, FL 32746 US	
2. Principal Place of Business - No P.O. Box # 613 ALBANY COURT		3. Mailing Address 613 ALBANY COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State LONGWOOD, FL	
Zip 32779		Zip 32779	
Country USA		Country USA	
4. FEI Number 56-2436992		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, JOHN C 727 LAKEWORTH CIRCLE HEATHROW, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 613 ALBANY COURT City LONGWOOD FL Zip Code 32779	
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 <i>John C. Sullivan</i> JOHN C. SULLIVAN 3-18-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JOHN C 727 LAKEWORTH CIRCLE HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 613 ALBANY COURT LONGWOOD, FL 32779
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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: <i>John C. Sullivan</i> JOHN C. SULLIVAN 3-18-08 407-257-9666		Date Daytime Phone #	