

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001544**

1. Entity Name  
**SULLIVAN ASSETS, LLLP**



Principal Place of Business  
**1452 MONTCALM STREET  
ORLANDO, FL 32806**

Mailing Address  
**1452 MONTCALM STREET  
ORLANDO, FL 32806**



01182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3758618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SULLIVAN, OLLIVENE M  
1452 MONTCALM STREET  
ORLANDO, FL 32806**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**000000404740**  
**02/07/06-80014-005 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME **SULLIVAN, OLLIVENE M TRUSTEE**  
STREET ADDRESS **1452 MONTCALM STREET**  
CITY - ST - ZIP **ORLANDO, FL 32806**

DOCUMENT #  
NAME **SULLIVAN, ROBERT L**  
STREET ADDRESS **7211 LAKE DRIVE**  
CITY - ST - ZIP **ORLANDO, FL 32809**

DOCUMENT #  
NAME **SULLIVAN, STEPHEN E**  
STREET ADDRESS **5509 PINE SHADE COURT**  
CITY - ST - ZIP **ORLANDO, FL 32819**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *Ollivene M. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Ollivene M. Sullivan* / *25-06* *407-422-711*  
Date Daytime Phone #

STAPLE CHECK HERE