

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 24 AM 10:04

DOCUMENT # A02000000373

1. Entity Name
 SULLIVAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
 1121 SOUTHEAST 9TH STREET
 FORT LAUDERDALE, FL 33316

Mailing Address
 1121 SOUTHEAST 9TH STREET
 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

02042006 No Chg-LP CR2E003 (11/05)

4. FEI Number
 03-0400665

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, JAMES K JR.
 1121 SOUTHEAST 9TH STREET
 FORT LAUDERDALE, FL 33316

**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 *James K Sullivan*
 Signature, type or printed name of registered agent and title if applicable.

2-20-06
 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 # L02000005459
 NAME SULLIVAN HOLDINGS, LLC
 STREET ADDRESS 1121 SOUTHEAST 9TH STREET
 CITY-ST-ZIP FORT LAUDERDALE, FL 33316

DOCUMENT #
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 CITY-ST-ZIP

700067299027
 03/07/06--01016--007 **\$500.00

**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: *James K Sullivan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-20-06
 Date Daytime Phone #

STAPLE CHECK HERE