

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

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

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07142008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

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U000000956139
07/24/08-80001-002 500.00

**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:

ELZALENE SULLIVAN
X Elzalene Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

July 14, '08 *954 522 4294*
Date Daytime Phone #

STAPLE CHECK HERE