


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000664 1. Entity Name SULLIVAN PARTNERS LTD.	
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Principal Place of Business 2600 GRANADA BLVD. CORAL GABLES, FL 33134	Mailing Address 2600 GRANADA BLVD. CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-0211209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, JOHN S III 2600 GRANADA BLVD. CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____	DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # P07000054348	STREET ADDRESS
NAME JOHN S SULLIVAN III INVESTMENT MANAGEMENT	
STREET ADDRESS 2600 GRANADA BLVD.	CITY-ST-ZIP
CITY-ST-ZIP CORAL GABLES, FL 33133	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date 1/7/2008	Daytime Phone # 305-446-6944
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STAPLE CHECK HERE

FILED
 08 JAN 15 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

