

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005459

1. Entity Name
SULLIVAN HOLDINGS, L.L.C.



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

Mailing Address
1121 SOUTHEAST 9TH STREET
FT. LAUDERDALE, FL 33316

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0400660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JAMES K JR.
1121 SOUTHEAST 9TH STREET
FT. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, JAMES K JR 1252 RIO VISTA BLVD FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, ELZALENE J 1121 SE 9TH ST FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVENT, ANN-SULLIVAN 343 ROUND HILL DR SAPPHIRE, NC 28774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: ELZALENE SULLIVAN
Elzaleene Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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