


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90026 032 \*\*\*\*50.00

<b>DOCUMENT # L02000012120</b> 1. Entity Name <b>SULLIVAN REALTY, LLC</b>					
Principal Place of Business <b>658 NE LITTLE KYAK POINT PORT ST. LUCIE, FL 34983</b>			Mailing Address <b>658 NE LITTLE KYAK POINT PORT ST. LUCIE, FL 34983</b>		
2. Principal Place of Business <b>8442 S. FEDERAL HWY</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PORT ST. LUCIE, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR 55-0860122</b>	
Zip <b>34996</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SULLIVAN, KEVIN 658 NE LITTLE KAYAK PT PORT SAINT LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8442 S. FEDERAL HWY</b> City <b>PORT ST. LUCIE</b> FL <b>34996</b>	
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 <b>KEVIN J. SULLIVAN</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SULLIVAN, KEVIN J 658 NE LITTLE KYAK POINT PORT ST. LUCIE, FL 34983</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>PRES 8442 S. FEDERAL HWY PORT ST. LUCIE, FL 34952</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>MGR. STONE, MARY JANE 1016 TRAILMORE LN. WESTON, FL 33326</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>KEVIN J. SULLIVAN</b> / <i>[Signature]</i> 3/22/04 772-785-6502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					