

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029754**

1. Entity Name

SULLIVAN REALTY RESOURCES, LLC



Principal Place of Business

111 NORTH 44TH STREET  
MEXICO BEACH FL 32410

Mailing Address

PO BOX 14088  
MEXICO BEACH FL 32410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1663089

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

2nd MOORE

CR2E083 (5/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JAMES R SR  
111 NORTH 44TH STREET  
MEXICO BEACH FL 32410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SULLIVAN, JAMES R  
STREET ADDRESS 111 N. 44TH ST  
CITY- ST- ZIP MEXICO BEACH FL 32410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000377095  
08/25/05-800006-006 50.00

TITLE ☐ Change ☐ Addition  
NAME  
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CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: *[Signature]* *Managing Member* 8/23/05 (850) 532-9209