


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

1/29

01-29-2007 90139 004 *****50.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																														
City & State Zip Country		City & State Zip Country		4. FEI Number 06-1663089 Applied For <input type="checkbox"/> 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 R SR 111 NORTH 44TH STREET MEXICO BEACH FL 32410																																																																																														
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registrant agent and file # application (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____																																																																																														
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		ADDITIONS/CHANGES																																																																																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY</td> <td style="width:10%;">ST</td> <td style="width:10%;">ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>MGRM</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SULLIVAN, JAMES R</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>111 N. 44TH ST</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MEXICO BEACH FL 32410</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	Delete <input type="checkbox"/>		MGRM							SULLIVAN, JAMES R							111 N. 44TH ST							MEXICO BEACH FL 32410						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY</td> <td style="width:10%;">ST</td> <td style="width:10%;">ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																														