


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.2

FILED


05 MAY 11 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
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| DOCUMENT # L04000013078 |  |
| 1. Entity Name SULLIVAN-FELLUS PROPERTIES & INVESTMENTS, LLC | |

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|---|---|
| Principal Place of Business 2057 LAUREL RUN DRIVE OCALA, FL 34471 | Mailing Address 2057 LAUREL RUN DRIVE OCALA, FL 34471 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

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|--|--|
|  | |
| 04282005 Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BLANCHARD, DOCK A ESQUIRE 4 SE BROADWAY STREET OCALA, FL 34471 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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| 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State |

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SULLIVAN, JOHN D 2057 LAUREL RUN DRIVE OCALA, FL 34471 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SULLIVAN, MELANIE 2057 LAUREL RUN DRIVE OCALA, FL 34471 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FELLUS, KENNY 4 GREEN DRIVE ROSLYN, NY 11576 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FELLUS, LORI 4 GREEN DRIVE ROSLYN, NY 11576 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date _____ Daytime Phone # _____ |