

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018074

FILED
May 16, 2007
Secretary of State

Entity Name: SULLIVAN HOMES AT HAWKS RIDGE, LLC

Current Principal Place of Business:

8442 S. FEDERAL HWY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8442 S. FEDERAL HWY
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-1056781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K ESQ
100 S.E. 2ND ST, 17TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SULLIVAN, KEVIN J MGR
8442 S. FEDERAL HWY
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: KEVIN J. SULLIVAN

05/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SULLIVAN, KEVIN
Address: 8442 S. FEDERAL HWY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR (X) Delete
Name: MAYS, R. DANIEL
Address: 8442 S. FEDERAL HWY
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN SULLIVAN

MGR

05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date