2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# L04000030313

Entity Name: CULLITON & SULLIVAN, LLC

Current Principal Place of Business:

1534 APPLEWOOD WAY
TALLAHASSEE, FL 32312

New Principal Place of Business:

249 PINEWOOD DRIVE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P.O. BOX 16159
TALLAHASSEE, FL 32317

New Mailing Address:

249 PINEWOOD DRIVE
TALLAHASSEE, FL 32303

FEI Number: 20-1022381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLITON, JAMES P
4032 BRANDON HILL
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

SULLIVAN, DAVID
2108 DELTA WAY
TALLAHASSEE, FL 32303 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: DAVID SULLIVAN 02/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CULLITON, SEAN P
Address: 1534 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR (X) Delete
Name: SULLIVAN, DAVID
Address: 1152 GREENSWOOD CT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: CULLITON, SEAN P
Address: 249 PINEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN CULLITON PRES 02/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date