

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044582

Entity Name: TIM SULLIVAN, LLC

**FILED**  
**Apr 15, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2746 66TH STREET S.W.  
NAPLES, FL 34105 US

**New Principal Place of Business:**

241 25TH STREET NW  
NAPLES, FL 34120 US

**Current Mailing Address:**

2746 66TH STREET S.W.  
NAPLES, FL 34105 US

**New Mailing Address:**

241 25TH STREET NW  
NAPLES, FL 34120 US

FEI Number: 20-1241344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, WILLIAM T  
2746 66TH STREET S.W.  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

SULLIVAN, WILLIAM T  
241 25TH STREET NW  
NAPLES, FL 34120 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: WILLIAM T SULLIVAN

04/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SULLIVAN, WILLIAM T  
Address: 2746 66TH STREET S.W.  
City-St-Zip: NAPLES, FL 34105 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SULLIVAN, WILLIAM T  
Address: 241 25TH STREET NW  
City-St-Zip: NAPLES, FL 34120 US

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: WILLIAM T SULLIVAN

PR

04/15/2006

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