

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082906

FILED
Mar 20, 2005
Secretary of State

Entity Name: SULLIVAN & HINDS, CHARTERED

Current Principal Place of Business:

14815 NORTH IRIS AVENUE
TAMPA, FL 336131828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17977
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-3788250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINDS, JEFFREY L
10709 STALLGATE DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SULLIVAN, WILLIAM P ESQ
Address: 14815 NORTH IRIS AVENUE
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: HINDS, JEFFREY L ESQ
Address: 10709 STALLGATE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SULLIVAN, WILLIAM P ESQ
Address: 14815 NORTH IRIS AVENUE
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change () Addition
Name: HINDS, JEFFREY L ESQ
Address: 14815 NORTH IRIS AVENUE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY L. HINDS

MGRM

03/20/2005

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