

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007067

FILED
Apr 27, 2006
Secretary of State

Entity Name: SULLIVAN HOMES AT PINECREST LAKES, PHASE 10, LLC

Current Principal Place of Business:

5 DELANO LANE
STUART, FL 34996

New Principal Place of Business:

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

Current Mailing Address:

5 DELANO LANE
STUART, FL 34996

New Mailing Address:

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

FEI Number: 65-1056781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K ESQ
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 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/MANAGERS:

Title: MGR () Delete
Name: SULLIVAN, KEVIN
Address: 5 DELANO LANE
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: MAYS, R. DANIEL
Address: 5 DELANO LANE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SULLIVAN, KEVIN
Address: 8442 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

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

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: KEVIN J. SULLIVAN

MGR

04/27/2006

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