


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90021 008 ****50.00

DOCUMENT # L05000036934	
1. Entity Name SULLIVAN HOMES, LLC	

Principal Place of Business 1350 MUSTANG STREET NOKOMIS FL 34275 US	Mailing Address 1350 MUSTANG STREET NOKOMIS FL 34275 US
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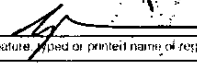
2. Principal Place of Business Suite, Apt. #, etc. 2706 NORWOOD LN City & State VENICE FLORIDA Zip 34292 Country USA	3. Mailing Address Suite, Apt. #, etc. 2706 NORWOOD LN City & State VENICE FLORIDA Zip 34292 Country USA
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1st MOORE CR2E083 (10/05)

4. FEI Number 20-2699384		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SULLIVAN, GERARDE 1350 MUSTANG STREET NOKOMIS FL 34275		7. Name and Address of New Registered Agent Name GERARDE SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 2706 NORWOOD LANE City VENICE FL Zip Code 34292

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/5/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, GERARDE 1350 MUSTANG STREET NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, NICOLE 1350 MUSTANG STREET NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE **2/5/06** DAYLAND PHONE # **941-266-2487**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE