

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 28, 2008 8:00 am
Secretary of State
07-28-2008 90073 003 ***538.75

60045742



07232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000002799 1. Entity Name ROBERT AIKEN SULLIVAN, LLC			
Principal Place of Business 301 SE 16TH STREET TRENTON, FL 32693 US		Mailing Address POST OFFICE BOX 871 TRENTON, FL 32693 US	
2. Principal Place of Business - No P.O. Box # 5960 SE 60th Street Suite, Apt. #, etc.		3. Mailing Address Post Office Box 871 Suite, Apt. #, etc.	
City & State Trenton, FL Zip 32693		City & State Trenton, FL Zip 32693	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		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, ROBERT A 301 SE 16TH STREET TRENTON, FL 32693		7. Name and Address of New Registered Agent Name SHEREE H. LANCASTER Street Address (P.O. Box Number is Not Acceptable) 109 EAST WADE STREET City TRENTON	
State FL		Zip Code 32693	
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 <i>Sheree H. Lancaster</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Sheree H. Lancaster</i> (NOTE: Registered Agent signature required when reinstating)	
DATE <i>7/24/08</i>		DATE	
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGMR	NAME SULLIVAN, ROBERT A	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 SE 16TH STREET, BOX 871	CITY-ST-ZIP TRENTON, FL 32693	STREET ADDRESS 5960 SE 60th Street	
CITY-ST-ZIP TRENTON, FL 32693		CITY-ST-ZIP Trenton, FL 32693	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Robert A. Sullivan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <i>7/24/08</i> 352 463 1000 Date Daytime Phone #	