

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # M06000005119	
1. Entity Name SULLIVAN COMPANY, LLC	
Principal Place of Business 501 E. MC BEE AVE. SUITE 201 GREENVILLE, SC 29601	Mailing Address P.O. BOX 2910 GREENVILLE, SC 29602



03122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1096580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000860474
04/02/08-80064-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SULLIVAN, JOSEPH F
STREET ADDRESS	501 E. MC BEE AVE. SUITE 201
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	MGR
NAME	HYNDSHAW, ALBERT
STREET ADDRESS	501 E. MC BEE AVE. SUITE 201
CITY-ST-ZIP	GREENVILLE, SC 29601

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joseph F Sullivan
3/13/08 864 979 6355
Date Daytime Phone #