

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90215 004 \*\*\*\*50.00

DOCUMENT # L00000005789

1. Entity Name  
SUPERIOR DRAINAGE, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**966257**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8250 62nd Street North		3. Mailing Address 8250 62nd Street North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, Florida		City & State Pinellas Park, Florida	
Zip 33781	Country Pinellas	Zip 33781	Country Pinellas

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	Kell C. Williams III, Esquire	
Street Address (P.O. Box Number is Not Acceptable)	1715 West Cleveland Street	
City	Tampa	FL
Zip Code	33606	

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member W.M. Burnette 8250 62nd Street North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDR # 704747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GR # 50260492 PR # 4501054555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GL # CC # 257200 701209

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: William Burnette Date: 4/27/02 727.544-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #