


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

03-25-2004 90217 027 ****50.00

DOCUMENT # L00000005789

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



Principal Place of Business
**8250 62ND STREET NORTH
 PINELLAS PARK FL 33781**

Mailing Address
**8250 62ND STREET NORTH
 PINELLAS PARK FL 33781**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



MOORE CR2E083 (11/03)

4. FEI Number
NO-T APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, KEEL C III/ESQ
 1715 W. CLEVELAND STREET
 TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

City
Plantation FL Zip Code
33324

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 *Spacia L Taylor* **6/3/04**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when in-state)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BURNETTE, W.M.	8250 62ND STREET N	PINELLAS PARK FL 33781	<input type="checkbox"/>
MGRM	MCCORMICK, MONK H	3250 62ND STREET NORTH	PINELLAS PARK FL 33781	<input type="checkbox"/>
MGRM	CASERTO, RICHARD J	1001 GROVE ST	MIDDLETOWN OH 45044	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	McCormick, Mark H			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Casenta, Richard L			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard Caserto* **Richard J. Caserto 3/8/04**