


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90036 022 ****50.00

DOCUMENT # L05000070570	
1. Entity Name SUPERIOR IRRIGATION, LLC	

Principal Place of Business 584 BRANTLEY TERRACE SUITE 201 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 584 BRANTLEY TERRACE SUITE 201 ALTAMONTE SPRINGS, FL 32714 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



09052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2765030		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 DOUP, DONNA M 584 BRANTLEY TERRACE SUITE 201 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Donna M. Doup DATE 09-04-06

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

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - WASMAN, MATTHEW J 584 BRANTLEY TERRACE, SUITE 201 ALTAMONTE SPRINGS, FL 32714	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Matthew Wasman DATE 09-04-06 DAYTIME PHONE # 407-257-4702

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