


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002149 1. Entity Name SUPERIOR ISLAND SERVICES LLC	
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Principal Place of Business 502 69TH ST. HOLMES BEACH, FL 34217	Mailing Address 502 69TH ST. HOLMES BEACH, FL 34217
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3573840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POOLE, CLARK
 502 69TH ST.
 HOLMES BEACH, FL 34217

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

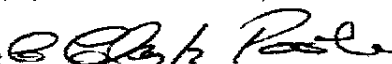
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, GWENDOLYN 502 69TH ST. HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, CLARK 502 69TH ST. HOLMES BEACH, FL 34217
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 01/16/04-80054-026 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-12-04 891 778 5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #