

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012551

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** SUPERIOR UNIVERSAL MORTGAGE, LLC

**Current Principal Place of Business:**

2710 N. ORANGE BLOSSOM TRAIL, SUITE 202  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

2710 NORTH ORANGE BLOSSOM TRAIL  
SUITE 202  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2710 N. ORANGE BLOSSOM TRAIL, SUITE 202  
KISSIMMEE, FL 34744

**New Mailing Address:**

2710 NORTH ORANGE BLOSSOM TRAIL  
SUITE 202  
KISSIMMEE, FL 34744

FEI Number: 59-3678046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CHRIS  
2740 KISSIMMEE BAY CIRCLE  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

WILSON, CHRIS  
2710 NORTH ORANGE BLOSSOM TRAIL  
SUITE 202  
KISSIMMEE, FL 34744 US

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: \_\_\_\_\_

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILSON, CHRIS  
Address: 2740 KISSIMMEE BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILSON, CHRIS  
Address: 2710 NORTH ORANGE BLOSSOM TRAIL, SUITE 202  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS WILSON

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date