


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000022227
 1. Entity Name
 SUPERIOR HOSPITALITY MANAGEMENT, LLC



Principal Place of Business Mailing Address
 9168 BALMORAL MEWS SQUARE 9168 BALMORAL MEWS SQUARE
 WINDERMERE, FL 34786 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE



02022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3478553	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
 MOORE, MICHAEL L ESQUIRE
 BARON AND MOORE, P.A.
 640 NORTH HILLSIDE AVENUE
 ORLANDO, FL 32803

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

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NABBIE, TYRONE W PRESIDE 9168 BALMORAL MEWS SQUARE WINDERMERE, FL 34786
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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)(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:  1/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #