

**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

**9168 BALMORAL MEWS SQUARE  
WINDERMERE, FL 34786**

Mailing Address

**9168 BALMORAL MEWS SQUARE  
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 ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE  
NAME  
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CITY - ST - ZIP

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02/18/05-80042-015 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)(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:**

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

Date

Daytime Phone #