## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AM Secretary of State

4 "	ANNUA	L KEI	PUKI	{		Secrets	ary of State
DOCUMENT # L02000029279  1. Entity Name SUPERTRADER REAL ESTATE HOLDING COMPANY, LLC				۲,		Secretary of State	
Principal Place of Business 1551 E. SEMORAN BOULEVARD APOPKA, FL 32704		Mailing Address P.O. BOX 4400 APOPKA, FL 32704					
<del>,                                    </del>		:	.:				
D	O NOT WRITE	EIN	THIS	SPA	CE	02032006 No Chg-LLC	CR2E083 (11/05)  Applied For
			:			59-3619944	Not Applicab
			:	; ; ;	in. Light die State	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	5. Name and Address of Currer	nt Registere	d Agent				
	GORY D 'H EOLA DRIVE D, FL 32801	,			DO NOT WRITE IN THIS SPACE		
8. The above the obligat SIGNATURE.	named entity submits this statement tions of registered agent.  Signature, typed or printed name of registered age				ed office or register	ed agent, or both, in the State of Floric when reinstating)	ta. 1 am familiar with, and accep
Fi	lling Fee is \$50.00 ue by May 1, 2006						
9.	MANAGING MEM	BERS/MAN	AGERS	}		and the graduation of the	ili array na mana array na ar
TITLE NAME STREET AUTIRESS CITY-ST-ZIP	P MULLINAX, GERALD L 7611 TEARWOOD PL MOUNT DORA, FL 32767		;				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; ;			92/21/96-8	127982 10029-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;		· · · · · · · · · · · · · · · · · · ·	DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			}			IN THIS SPA	ACE
				7	<b>-</b> 3	** ** ** ** ** ** ** ** ** ** ** ** **	

11. I hereby certify that the information supplied with this filing tobs 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 regetver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-31-06 386-428-904

Daytime Phone #