



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90332 048 *****50.00

DOCUMENT # L03000007014 1. Entity Name SUPERIOR BUILDERS, LLC			
Principal Place of Business 312-D CHEROKEE COURT ALTAMONTE SPRINGS, FL 32701		Mailing Address 312-D CHEROKEE COURT ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 7200 S.W. 8th Avenue Suite, Apt. #, etc. U-137 City & State Gainesville FL Zip 32607 Country U.S.		3. Mailing Address 7200 S.W. 8th Avenue Suite, Apt. #, etc. U-137 City & State Gainesville FL Zip 32607 Country U.S.	
4. FEI Number 35-2197534		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIOTO, DOUGLAS V 312-D CHEROKEE COURT ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Fioto, Douglas V Street Address (P.O. Box Number is Not Acceptable) 7200 S.W. 8th Avenue U-137 City Gainesville State FL Zip Code 32607	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE MGRM NAME Fioto, Douglas V. STREET ADDRESS 7200 S.W. 8th Avenue CITY-ST-ZIP Gainesville, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		04-09-04 321-277-8558	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	