


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90105 038 ****50.00

DOCUMENT # L03000007014	
1. Entity Name SUPERIOR BUILDERS, LLC	

Principal Place of Business 7200 S.W. 8TH AVENUE U 137 GAINESVILLE, FL 32607	Mailing Address 7200 S.W. 8TH AVENUE U 137 GAINESVILLE, FL 32607
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2. Principal Place of Business 7424 S.W. Archer Road	3. Mailing Address 7424 S.W. Archer Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State Gainesville FL
Zip 32608	Zip 32608
Country U.S.	Country U.S.

02232005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent FIOTO, DOUGLAS B 7200 S.W. 8TH AVENUE U-137 GAINESVILLE, FL 32607	
7. Name and Address of New Registered Agent Name Fioto Douglas V Street Address (P.O. Box Number is Not Acceptable) 7424 S.W. Archer Road City Gainesville FL Zip Code 32608	

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	<input type="checkbox"/> Delete
NAME FIOTO, DOUGLAS V	
STREET ADDRESS 7200 S.W. 8TH AVENUE	
CITY-ST-ZIP GAINESVILLE, FL 32607	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fioto Douglas V	
STREET ADDRESS 7424 S.W. Archer Road	
CITY-ST-ZIP Gainesville, FL 32608	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Douglas V Fioto Douglas V Fioto 2-23-05 321-277-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #