

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90027 015 ****55.00

DOCUMENT # L03000007014					
1. Entity Name SUPERIOR BUILDERS, LLC					
Principal Place of Business 7424 S W ARCHER ROAD GAINESVILLE, FL 32608			Mailing Address 7424 S W ARCHER ROAD GAINESVILLE, FL 32608		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03242006 Chg-LLC CR2E083 (11/05)	
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			7. Name and Address of New Registered Agent		
FIOTO, DOUGLAS V 7424 SW ARCHER ROAD GAINESVILLE, FL 32608			Name <u>Kathy Fioto</u> Street Address (P.O. Box Number is Not Acceptable) <u>7424 S.W. Archer Road</u> City <u>Gainesville</u> FL Zip Code <u>32608</u>		
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 <u>Kathy Fioto</u> <u>Kathy Fioto</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <u>4.23.06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIOTO, DOUGLAS V 7424 SW ARCHER ROAD GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager Kathy Fioto 7424 S.W. Archer Road Gainesville FL 32608
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Kathy Fioto</u> <u>Kathy Fioto</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4.23.06</u>		Daytime Phone # <u>352.379.0108</u>