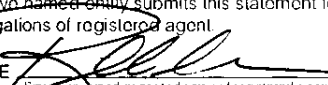
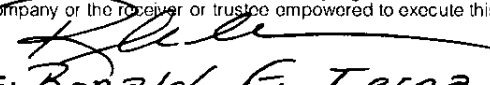


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90303 021 ****50.00

DOCUMENT # L03000034170 1. Entity Name SUPERIOR PROPERTIES & DEVELOPMENT, LLC					
Principal Place of Business 26649 CAYMAN DR TAVARES FL 32778				Mailing Address POST OFFICE BOX 1901 TAVARES FL 32778	
2. Principal Place of Business - No P.O. Box # 1963 Morrissett Ct Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1901 Suite, Apt. #, etc.			
City & State Eustis, FL		City & State Tavares, FL			
Zip 32726	Country Lake	Zip 32778	Country Lake		
4. FEI Number 43-2032153				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent IERNA, RONALD F 8231 EAGLES PARK DRIVE, NORTH ST. PETERSBURG FL 33709				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE Feb. 1. 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR IERNA, RONALD F POB 1901 TAVARES FL 32778		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR IERNA, CYNTHIA H POB 1901 TAVARES FL 32778		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Feb. 01. 2007 352-589-5111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					