2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90170 001 ***138.75

DOCUMENT # L03000034170

1. Entity Name
SUPERIOR PROPERTIES & DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1963 MORRITT'S CT EUSTIS FL 32726	POST OFFICE BOX 1901 TAVARES FL 32778

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 43-2032153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IERNA, RONALD F 8231 EAGLES PARK DRIVE, NORTH ST. PETERSBURG FL 33709	Name: Ronald Ierna Street Address (P.O. Box Number is Not Acceptable): 1963 Morritt's Ct. City: Eustis FL Zip Code: 32726

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 [signature] April 2, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

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 Ronald Ierna & Cynthia Ierna Tenants By The Entirety P.O. Box 1901, Tavares, FL 32778	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IERNA, CYNTHIA H POB 1901 TAVARES FL 32778	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 [signature] Cynthia Ierna April 2, 2008 352-589-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #