2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000048703

Principal Place of Business

1. Entity Name
SUPERIOR HOME MAINTENANCE, LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

32643 JESSE JONES STREET SAN ANTONIO, FL 33576-0593

P.O. BOX 593 SAN ANTONIO, FL 33576-0593

FILED Jul 18, 2005 08:00 AM Secretary of State



07112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0467569

Applied Far Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

NEWLON, JOSEPH A 12146 CURLEY STREET SAN ANTONIO, FL 33576

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if explicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fil Due t	ing Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADDEN, TERRENCE C 32643 JESSE JONES STREET SAN ANTONIO, FL 335760593		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000373218 07/18/05-80007-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-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.			

C. MAJDEN

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