


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048703</b> 1. Entity Name <b>SUPERIOR HOME MAINTENANCE, LLC</b>	
---	---

Principal Place of Business <b>32643 JESSE JONES STREET SAN ANTONIO, FL 33576-0593</b>	Mailing Address <b>P.O. BOX 593 SAN ANTONIO, FL 33576-0593</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0467569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEWLON, JOSEPH A 12146 CURLEY STREET SAN ANTONIO, FL 33576</b>
--

**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 applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>03/28/07-80040-012 50.00</b>
---	---------------------------------

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MADDEN, TERRENCE C 32643 JESSE JONES STREET SAN ANTONIO, FL 335760593</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Terrence C Madden* **3/14/07** **x352-585-6060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**TERRENCE MADDEN**