

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050154

Entity Name: SUPERLAND GROUP, L.L.C.

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

16300 NE 19TH AVENUE, SUITE 109  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16300 NE 19TH AVENUE, SUITE 109  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-1333464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUZMAN & GUZMAN, P.A.  
9130 S. DADELAND BLVD., SUITE 1504  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHVARTZMAN, HUGO JACOBO  
Address: 8855 COLLINS AVENUE FLOOR 7 APT. G  
City-St-Zip: MIAMI BEACH, FL 33154

Title: MGRM ( ) Delete  
Name: SCHVARTZMAN, HECTOR DARIO  
Address: 16900 NORTH BAY ROAD, APT. #1402  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HUGO JACOBO SCHVARTZMAN

MGRM

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date