


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000069932 1. Entity Name SUPERIOR MANAGEMENT OF PASCO, LLC	
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Principal Place of Business 8606 GOVERNMENT DRIVE NEW PORT RICHEY, FL 34654 US	Mailing Address 8606 GOVERNMENT DRIVE NEW PORT RICHEY, FL 34654 US
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0888816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATTRIDGE, ROBERT W JR 8606 GOVERNMENT DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCAS, JEFF 8606 GOVERNMENT DRIVE NEW PORT RICHEY, FL 34654
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04/18/07-80076-003 50.00

**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:  **3/5/07** **(727) 849-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #