

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90025 002 \*\*\*\*50.00

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<b>DOCUMENT # L04000083666</b>					
<b>1. Entity Name</b> SUPERIOR LOCATORS, LLC					
<b>Principal Place of Business</b> 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174			<b>Mailing Address</b> 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <u>59-3790060</u>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PRUNER, SHAWN 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b>				<b>DATE</b> <u>3-4-05</u>	
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to: Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MBR SHAWN PRUNER 1148 CANDLER ST ORMOND BEACH, FL 32174			MBR SHAWN PRUNER 1148 CANDLER ST ORMOND BEACH, FL 32174		
MBR BILLIE MALDONADO 23 PINE ST PALM COAST, FL 32164			MBR BILLIE MALDONADO 23 PINE ST PALM COAST, FL 32164		
MBR MICHAEL WALKUTT 88 N. ST. ANDREWS DR ORMOND BEACH, FL 32174			MBR MICHAEL WALKUTT 88 N. ST. ANDREWS DR ORMOND BEACH, FL 32174		
MBR MICHAEL WALKUTT 88 N. ST. ANDREWS DR ORMOND BEACH, FL 32174			MBR MICHAEL WALKUTT 88 N. ST. ANDREWS DR ORMOND BEACH, FL 32174		
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<b>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.</b>					
<b>SIGNATURE:</b>				<b>DATE</b> <u>3-3-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	