
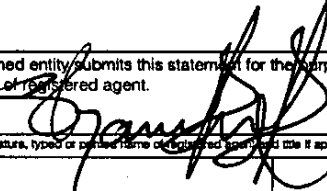
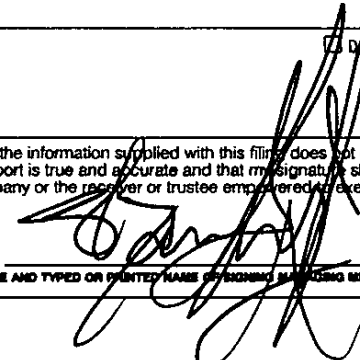


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90010 019 ****50.00

DOCUMENT # L04000083666 1. Entity Name SUPERIOR LOCATORS, LLC			
Principal Place of Business 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174		Mailing Address 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174	
2. Principal Place of Business 226 N NOVA Rd Suite, Apt. #, etc. #316		3. Mailing Address 226 N NOVA Rd Suite, Apt. #, etc. #316	
City & State ORMOND BEACH FL Zip 32174 Country		City & State ORMOND BEACH, FL Zip 32174 Country	
4. FEI Number 59-3790060		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALCOTT, MICHAEL 696 SOUTH YONGE STREET, SUITE C ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Shawn Pruner Street Address (P.O. Box Number is Not Acceptable) 226 N NOVA Rd #316 City ORMOND BEACH FL Zip Code 32174	
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  DATE 8-20-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRUNER, SHAWN 1148 LANDERS STREET ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 N NOVA Rd #316 ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACDONALD, BILLIE 28 PANEI STREET PALM COAST, FL 32164	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 N NOVA Rd #316 ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 8-20-06 Daytime Phone #	