
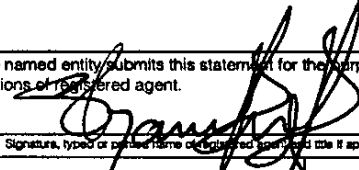
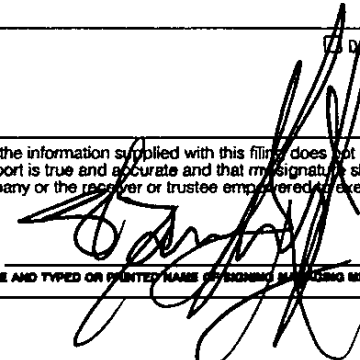


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**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 <del>696 SOUTH YONGE STREET, SUITE C</del> ORMOND BEACH, FL 32174		Mailing Address <del>696 SOUTH YONGE STREET, SUITE C</del> 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		City & State ORMOND BEACH, FL	
Zip 32174	Country	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	
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 <del>1148 LANDERS STREET</del> ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	226 N NOVA Rd #316 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACDONALD, BILLIE <del>28 PANEI STREET</del> PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	226 N NOVA Rd #316 ORMOND BEACH FL 32174 <input checked="" 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
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 606, Florida Statutes.			
SIGNATURE: 		DATE: 8-20-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	