

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084428

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** SUPERIOR INFORMATION MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

1883 BALBOA LANE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7623  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 27-0109976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, ROWLAND L  
1883 BALBOA LANE  
CLEARWATER, FL 33756 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, ROWLAND L  
Address: 1883 BALBOA LANE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM ( ) Delete  
Name: BELL, TAMARA L  
Address: 1883 BALBOA LANE  
City-St-Zip: CLEARWATER, FL 33756 US

**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 Section 119.07(3)(i), 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:** TAMARA BELL

MGRM

04/29/2005

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