2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# L04000090121

Entity Name: MSSUPERCLEAN, LLC

Current Principal Place of Business:

8205 LAKE SAN CARLOS CIRCLE
FORT MYERS, FL 339123723

New Principal Place of Business:

Current Mailing Address:

8205 LAKE SAN CARLOS CIRCLE
FORT MYERS, FL 339123723

New Mailing Address:

FEI Number: 43-2067368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, MICHELLE A
8205 LAKE SAN CARLOS CIRCLE
FORT MYERS, FL 339123723 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/MANAGERS:

Title: MGRM ( ) Delete
Name: RICHARDS, MICHELLE A
Address: 8205 LAKE SAN CARLOS CIRCLE
City-St-Zip: FORT MYERS, FL 339123723

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: RICHARDS, ALAN J
Address: 8205 LAKE SAN CARLOS CR.
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Change (X) Addition
Name: ROSADO, JENNIFER M
Address: 9073 POMELO RD. W.
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHELLE A. RICHARDS MGRM 02/21/2006

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