

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90058 016 ****55.00

DOCUMENT # L05000033907					
1. Entity Name SUPERIOR DEVELOPMENT LLC					
Principal Place of Business 940 LINCOLN ROAD SUITE 204 MIAMI BEACH, FL 33139			Mailing Address PO BOX 415138 MIAMI BEACH, FL 33141		
2. Principal Place of Business P.O. BOX 415138		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State		4. FEI Number 202656244	
Zip 33141		Country US		Applied For Not Applicable	
Zip 33141		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLIER, ROGER 940 LINCOLN ROAD SUITE 204 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name: ROGER CARLIER Street Address (P.O. Box Number is Not Acceptable): 6411 SW 62ND TER City: SOUTH MIAMI FL 33143		
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: <u>ROGER CARLIER</u> DATE: <u>04/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGER CARLIER 6411 SW 62ND TERR SOUTH MIAMI, FL 33143		<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"/> Change <input type="checkbox"/> Addition		
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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:		ROGER CARLIER MANAGER			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>04/20/06</u>		Daytime Phone #: <u>CELL (786) 218-8049 (305) 779-6261</u>	