


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90241 026 \*\*\*\*50.00

<b>DOCUMENT # L05000115034</b>			
<b>1. Entity Name</b> SUPERIOR SIDING LLC			
<b>Principal Place of Business</b> 1105 HWY-171 GRACEVILLE, FL 32440		<b>Mailing Address</b> 1105 HWY 171 GRACEVILLE, FL 32440	
<b>2. Principal Place of Business</b> Graceville FL		<b>3. Mailing Address</b> 1105 Hwy 171	
Suite, Apt. #, etc. 1105 Hwy 171		Suite, Apt. #, etc.	
<b>City &amp; State</b> Graceville FL		<b>City &amp; State</b> Graceville FL	
<b>Zip</b> 32440	<b>Country</b> USA	<b>Zip</b> 32440	<b>Country</b> USA
<b>4. FEI Number</b> 203875452		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> PARRETT, JAMIE L 1105 HWY 171 GRACEVILLE, FL 32440		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRETT, JAMIE L 1105 HWY 171 GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <i>X Jamie Parrett</i>		6/29/06 858-326 0844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	