


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-09-2007 90032 022 ****50.00

DOCUMENT # L06000003512			
1. Entity Name SUPERIOR PROPERTY, LLC			
Principal Place of Business 2180 MAIN ST SUITE 206 SARASOTA FL 34237		Mailing Address P.O. BOX 2291 SARASOTA FL 34230	
2. Principal Place of Business, No P.O. Box # 1519 MAIN ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL.		City & State	
Zip 34236 Country W		Zip Country	
4. FEI Number 20-4119508		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANGIE, RAMSEY J 2180 MAIN ST SUITE 206 SARASOTA FL 34237		7. Name and Address of New Registered Agent Name: <u>Ramsey, Frangie</u> Street Address (P.O. Box Number is Not Acceptable): <u>1519 MAIN ST.</u> City: <u>SARASOTA</u> FL Zip Code: <u>34236</u>	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST / ZIP	MGR FRANGIE, RAMSEY J P.O. BOX 2291 SARASOTA FL 34230 <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	MGR MOORE, RUSSEL G 4537 QUAIL RUN LANE OSPREY FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	MGR MOORE, RUSSEL G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3459 Seagrave Drive SARASOTA, FL 34242
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
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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 Section 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: _____		Date: <u>4/27/07</u> Daytime Phone: <u>941.906.9281</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			