


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90127 022 ***138.75

DOCUMENT # L06000003512
1. Entity Name
SUPERIOR PROPERTY, LLC



Principal Place of Business: **1519 MAIN ST SARASOTA FL 34236**
Mailing Address: **P.O. BOX 2291 SARASOTA FL 34230**



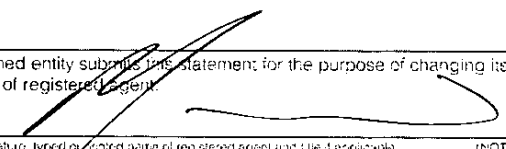
2. Principal Place of Business - No P.O. Box #: **6500 SUPERIOR AVE**
3. Mailing Address: **1st MOORE CR2E083 (10/07)**

City & State: **SARASOTA FL**
City & State: **SARASOTA FL**
Zip: **34231** Country: **USA**

4. FEI Number: **20-4119508**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**FRANGIE, RAMSEY J
1519 MAIN ST
SARASOTA FL 34236**

7. Name and Address of New Registered Agent
Name: **RAMSEY J FRANGIE**
Street Address (P.O. Box Number is Not Acceptable): **6500 SUPERIOR AVE**
City: **SARASOTA** FL Zip Code: **34231**

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:  DATE: **03/21/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR	<input type="checkbox"/> Delete
NAME: FRANGIE, RAMSEY J	
STREET ADDRESS: P.O. BOX 2291	
CITY-ST-ZIP: SARASOTA FL 34230	
TITLE: MGR	<input type="checkbox"/> Delete
NAME: MOORE, RUSSEL G	
STREET ADDRESS: 3459 SEAGRAPE DR	
CITY-ST-ZIP: SARASOTA FL 34242	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

10. ADDITIONS / CHANGES

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Day(s) _____